



GEORGIA TRAUMA COMMISSION

Barnsley Resort
March 2nd, 2022



GEORGIA TRAUMA COMMISSION

Georgia Trauma Commission Meeting

March 2nd, 2022

09:00 AM to 12:00 Noon

Barnsley Resort

Agenda

09:00 am to 09:10 am (10 minutes)

Welcome, call to order & establish quorum

Approval of November 18, 2021 and January 26, 2022

Meeting Minutes *

Chairman's Report

Dr. Dennis Ashley

09:10 am to 9:50 am (40 minutes)

Executive Director's Report

TCAA Federal Legislative Update

Level III/IV Readiness Cost Survey Update

Liz Atkins

Jennifer Ward

Jessica Story

Committee & Workgroup Reports I 09:50 am to 10:20 am (30 minutes)

Budget Committee Report*

EMS Committee Report

Level III/Level IV/Rural Trauma Center Committee

Dr. Regina Medeiros

Courtney Terwilliger

Dr. Greg Patterson

Dr. Alicia Register

-----BREAK 10:20 am -10:35 am (15 minutes)-----

Committee & Workgroup Reports II 10:35 am to 11:05 am (30 minutes)

Georgia Committee on Trauma Excellence

Trauma Administrators Committee

Trauma System Performance Committee

Jesse Gibson

Dr. Michelle Wallace

Dr. James Dunne

Trauma System Partner Reports 11:05 am to 11:35 pm (30 minutes)

Georgia Trauma Foundation Update

Georgia Quality Improvement Program Update

Office of EMS and Trauma Update

Cheryle Ward

Dr. S. Rob Todd

Gina Solomon

Renee Morgan

11:35 am

New Business-None

Dr. Dennis Ashley

11:35 am to 11:40 pm (5 minutes)

Adjourn

Motion to Adjourn*

Dr. Dennis Ashley



GEORGIA TRAUMA COMMISSION

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**DRAFT FOR
APPROVAL AT
MARCH MEETING**



**GEORGIA TRAUMA
COMMISSION**

GEORGIA TRAUMA COMMISSION
Thursday, November 18, 2021
09:00 AM to 12:00 PM
Georgia Public Safety Training Center & Zoom Livestream
Meeting Minutes
[Link to meeting recording](#)
[Link to meeting material](#)

COMMISSION MEMBERS PRESENT	COMMISSION MEMBERS ABSENT
Dr. Dennis Ashley, Chairman Dr. James Dunne, Vice-Chairman Dr. Regina Medeiros, Secretary /Treasurer Mr. James E. Adkins Sr. (via Zoom videoconference) Dr. John Bleacher Mr. Victor Drawdy Dr. James J. Smith (via Zoom videoconference) Mr. Courtney Terwilliger Dr. Michelle Wallace	

STAFF MEMBERS & OTHERS SIGNING IN	REPRESENTING
Elizabeth V. Atkins Gina Solomon Katie Hamilton Gabriela Saye Renee Morgan David Newton Kelly Joiner Richard Rhodes Daniel Warren Gary Pinard Michelle Archer Cheryle Ward Dr. Greg Patterson Jesse Gibson Matthew Vasey Jackie Payne Jessica Mantooth Kristal Smith Scott Lewis Mary Beth Goodwin	GTC, Executive Director GTC, GQIP Director GTC, Finance Operations Officer GTC, Executive Assistant OEMS/T, Trauma Program Director, OEMS/T, Director Office of EMS OEMS/T Deputy Director OEMS/T OEMST/T, Regional EMS Director OEMS/T OEMS/T Georgia Trauma Foundation John D. Archbold Memorial Hospital, Rural SC Chair NGHS, GCTE Chair NGHS NGHS NGHS RTAC Region 5 RTAC Region 1 JD Archebold Memorial Hospial

Marvin Weaver Jeffery Fussell Casey Broom Robert Cobb Ray Powers	Wilkes Country EMS Air Evac Lifeteam Lincoln County Emergency Services, Director/Chief Lincoln County Emergency Services
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Call to order: (00:00:07 on the recording)

Dr. Ashley called the meeting to order at 09:05 AM with eight of nine members present in person and James Smith present via Zoom videoconference. Jim Atkins joined the meeting at a later time via Zoom videoconference.

Chairman’s Report (00:00:47)

Presented by Dr. Dennis Ashley

Dr. Ashley welcomed and thanked everyone for joining the meeting today. As our COVID numbers continue to decline statewide, I hope that we can get back to having a more robust physical presence together, as it’s the only time we get to have all the key players in our trauma system face to face.

Most of us just completed the three-day virtual TQIP meeting. Over the years, we have been able to improve our numbers with the help of your work. We were able to submit an abstract for a TQIP presentation on behalf of Georgia and won the best oral abstract in the trauma systems group. Thanks to Liz Atkins for writing the abstract and presenting it during the conference. Kudos to everybody; This is a high-five moment for our state.

I recently shared some changes within our GQIP leadership structure with the group. I want to make you are aware that Dr. Chris Dente has decided to pursue other academic interests and has stepped down from the GQIP collaborative leadership role. I am excited to announce that Dr. Rob Todd, Senior Vice President and Chief of Acute Care Surgery at Grady, will assume leadership for the GQIP collaborative on the trauma side. Gina and Liz are getting Rob up to speed on where we are now and setting a course for the future so we can take the collaborative to a new level.

I am also working with Liz to create a more formalized structure around the Committees. We want to ensure everyone has an equal load of work and everyone is on a Committee. We should have a proposal ready by the next meeting in March. If you are interested in joining or leaving a Committee, now would be the time to let me know.

Our first order of business is the approval of the August meeting minutes. I’ll give you a moment to review, and then I will ask for a motion to approve.

MOTION GTCNC 2021-11-01:

Motion to approve the August 19, 2021 meeting minutes as submitted.

MOTION BY: Victor Drawdy

SECOND BY: Michelle Wallace

VOTING: All members are in favor of the motion.

ACTION: The motion **PASSED** with no objections nor abstentions.

At this time, I'll hand the floor over to our Executive Director for the Administrative Report.

Executive Director Report (00:08:15)

Presented by Ms. Elizabeth Atkins

L. Atkins started by discussing the TQIP abstract, which represents the work of all the centers and system partners. It has generated much interest among our TQIP peers. We are also excited to welcome Gabby Saye, Executive Administrative Assistant. Moving forward, you will see more communication coming from her. I want to congratulate Emanuel Medical Center on their re-designation as a level IV and Cartersville for becoming the first ACS verified level III center in Georgia. Congratulations to Courtney Terwilliger, Dennis Ashley, and Regina Medeiros on your reappointments.

L. Atkins briefly reviewed the super speeder revenue summary located on page 12 of the meeting packet. If you look at pages 17 and 18, we need to keep track of this on a month-to-month basis, so we know what is coming in. This is the same way you would track your volume in the trauma center. While on the topic of Super Speeder, we were able to meet with Christina Long, the deputy COO for the Governor, and learned the Governor has signed House Bill 511, which means our trauma trust fund should be set up by July. This current budget year will remain the same but anticipate a change in FY2024. Our funds will no longer be in the treasury but will now be allocated to an interest-bearing trust. J. Dunne asked if all super speeder funds would go directly into the trust? L. Atkins confirmed that was correct. We should know more details as things unfold and are confirmed by next Summer. J. Bleacher stated that since we will be getting the money upfront, then we won't need to create amended budgets. Dr. Ashley briefly discussed his meeting with the Georgia Chamber of Commerce and their support of the trauma system.

A robust conversation ensued regarding trauma transfer delays. L. Atkins mentioned that our meeting in August, COVID numbers were pushing hospital capacity limits. There were reports of trauma patients having to go out of state for trauma specialty care. We had an urgent Trauma Center CEOs meeting with over 90% participation to discuss mitigating this problem. Can we create a mechanism where trauma centers within the same region can communicate on their hospital capacity status? The key points from the meeting were:

- Delineating the trauma transfer diversion
- Feasibility of a notification system for trauma transfer diversion
- Accuracy of the current system we have in place

Dr. Ashley added that when he gets the call to go on diversion, he doesn't have insight into whether other centers have the availability to take a patient. If all nearby centers are on diversion, how will this hurt the patient? Is there some way we can see where we are at as trauma centers?

Dr. Wallace recommended operationalizing the proposed changes Regional Coordinating Center (RCC), now called the Georgia Coordinating Center (GCC). The center was escalated in July 2020 due to COVID and patients not being able to access care due to the overwhelmed hospitals. We want the hospitals to use the GCC board to visualize what is occurring at the state level. D. Ashley asked if M. Wallace would recommend a workgroup. M. Wallace stated it might be a workgroup or just a couple of meetings, but it needs to be done quickly. January through March is brutal, and trauma volume has not diminished throughout the state. We are in a tight spot and have a short period to create what we need. D. Newton mentioned that the GCC advisory board has already discussed this. K. Joiner added that we want to be careful not to confuse EMS. They just see trauma diversion and not interfacility. J. Dunne asked how we can communicate our concerns within the trauma community to the advisory board? D. Newton answered that you could send the concerns to him or Rachel Barnhard. Discussion continued on experiences within members' own hospitals and concern for trauma transfer times. Dr. Vasey expressed apprehension about the amount of time the board would be updated and its accuracy. M. Wallace stated they're supposed to be updated every two to four hours or whenever there is a status change, but there is still work to be done. D. Ashley further explained that we don't have to rely on the board, but it can generate phone calls. M. Wallace expressed that we also need to consider staffing issues along with capacity. The nursing workforce is at 35% vacancy in Georgia. Almost all of us are using travelers. Dr. Ashley ended the discussion by stating Liz and Michelle will put together some talking points and send them to D. Newton for consideration to the GCC advisory board.

L. Atkins finished the administrative report and reviewed the readiness cost surveys for Level III and Level IV centers, Clark's Christmas gift donation, and 2022 GTC meeting dates.

Subcommittee and Workgroup Reports

Injury Prevention (49:57)

Presented by Dr. John Bleacher and Dr. Dan Wu

J. Bleacher introduced Dr. Dan Wu for a Cardiff Model presentation. Dr. Wu is the Interim Chief of Emergency Medicine and Chief Medical Information Officer for the Grady Health System; he is also the Associate Professor of Emergency Medicine at Emory University.

Dr. Wu reviewed the presentation handed out to each Commission Member, "Cardiff Model for Violence Prevention Organizational Readiness Project" (available on trauma.ga.gov). In summary, Cardiff is the cross-sectional partnership using hospital data combined with public data to facilitate community-level interventions; Dr. Wu's group is interested in expanding Cardiff through the trauma network. They are facilitating virtual interviews with stakeholders to identify existing barriers for trauma centers and law enforcement implementation and see how close trauma centers are to implementing Cardiff. At the end of the study, we will provide the centers with an evaluation and a blueprint. Our outcomes are:

- Inform the continued development of the CDC Cardiff toolkit
- Scholarship opportunities

- Addressing violence as a top mechanism of ACS verification
- Provide participating hospitals with a personalized assessment of their ability to implement Cardiff

J. Dunne asked what data goes into Cardiff. Dr. Wu answered any intentional violence. L. Atkins added that there is already an EPIC template for the collection of the data. J. Bleacher asked, how do you identify a champion to intervene? Dr. Wu answered that community partnership is what drives change. The Cardiff shows you what is happening so that you can go out into the community and ask what is going on. They will tell you precisely what is happening. The Commission thanked Dr. Wu for his intriguing presentation.

The Cardiff Model Toolkit is available at:

<https://www.cdc.gov/violenceprevention/publichealthissue/fundedprograms/cardiffmodel/toolkit.html>

Bylaws Workgroup (1:06:30)

Presented by Dr. Michelle Wallace

M. Wallace referenced the summation of changes sent to all Commission members via email and located on pages 25-29 in the meeting packet. M. Wallace proposed changes to the ByLaws:

- Strike the ballot process mentioned in Article V.d
- Replace the two-thirds to a majority for regular commission business mentioned in Article VI.

M. Wallace asked if there were any requests or conversations regarding the amendments.

MOTION GTCNC 2021-11-02:

I make the motion to approve changes to Bylaws as written with the following amendments: 1) Striking ballot sentence in Article V.d; and 2) Replacing two-thirds vote to simple majority vote for regular Commission Business in Article VI, last sentence.

MOTION BY: Michelle Wallace

SECOND BY: Courtney Terwilliger

VOTING: All members are in favor of the motion.

ACTION: The motion **PASSED** with no objections nor abstentions.

Budget Subcommittee Report (1:08:35)

Presented by Dr. Regina Medeiros

R. Medeiros stated the budget subcommittee has been meeting regularly to get some processes in place. She referenced the report located on page 30 for review. I do have two things to bring forth for consideration today.

The first request is the approval of the one-time readiness grants awarded to participating designated centers currently not under contract. These are from last year's amended funds. They submitted their proposed expenditure plan, and the budget subcommittee has reviewed and approved them. The requests are also located within pages 32-37 in the meeting packet for review.

MOTION BY: GTC Budget Subcommittee

MOTION GTCNC 2021-11-03:

I make the motion to approve the one-time readiness grants.

MOTION BY: Budget Subcommittee

VOTING: All members are in favor of the motion.

ACTION: The motion **PASSED** with no objections nor abstentions.

The second request we would like to bring forth is from the Rural Subcommittee for funding support in a one-time grant to allow all Level III and IV trauma centers to become members of the Trauma Center Association of America (TCAA). Dr. Ashley asked for any discussion. The handout and prices are listed on page 38 of the meeting packet. L. Atkins stated we could make the one-on-one financing provided by TCAA a PBP requirement for the grant deliverable. J. Dunne agreed and mentioned some Level III and IV aren't aware of the benefits that a TCAA membership has to offer.

MOTION BY: GTC Budget Subcommittee

MOTION GTCNC 2021-11-04:

I make the motion to approve the Level III and Level IV one-time grant for TCAA membership costs.

MOTION BY: Budget Subcommittee

VOTING: All members are in favor of the motion.

ACTION: The motion **PASSED** with no objections nor abstentions.

R. Medieros went on to discuss the grants and contracts workgroup. We are asking those we provide funding for to do zero-based budgeting. They will submit what they need to the Budget Subcommittee, and then we will review and approve to ensure it aligns with our strategic plan. It's still a work in progress, and more to come. It will be essential to have once we establish our trust fund.

My final request, we would like the Commission to consider allowing the Budget Subcommittee to move funds, as needed, among initiatives previously approved by the Trauma Commission. We would not be permitted to expend dollars on new things but move funds within approved initiatives if we have extra funds we aren't going to spend. An example is Stop the Bleed Kits, which we already have a contract with North American Rescue, with discounted pricing, and long-standing support for STB. The Budget Subcommittee would discuss it, approve it, and disclose our reports to the Commission. L. Atkins added that we are accumulating a list of already supported items and can reallocate funds. J. Smith asked if this is something you loop in the Chairman? R. Medieros answered that he is on the Budget Subcommittee so that he would be aware.

MOTION BY: GTC Budget Subcommittee

MOTION GTCNC 2021-11-05:

I make the motion to allow Budget Subcommittee to move funds, as needed, around initiatives previously approved by the Commission.

MOTION BY: Budget Subcommittee

VOTING: All members are in favor of the motion.

ACTION: The motion **PASSED** with no objections nor abstentions.

R. Medieros concluded her report, thanked the Chairman, and yielded the floor back to the Chairman.

EMS Subcommittee (01:20:16)

Presented by Mr. Terwilliger

C. Terwilliger referenced the EMS subcommittee report on page 39 and provided a quick summary of activities. There hasn't been a whole lot of action within meetings. We are still looking into the Learning Management System and changed directions to research content procurement and add it to the OEMS/T platform. EMS training continues across the state. We continue to get positive feedback from these classes. The EMS Leadership Course graduated its tenth class on November 11, 2021. C. Terwilliger asked if there were any questions.

GCTE Subcommittee (01:21:40)

Presented by Ms. Jesse Gibson

Ms. Gibson referenced her report on page 41. Our Subcommittees have remained active and meet regularly. We will have our first in-person option tomorrow for GCTE, and we hope to continue providing that option for the group. The GCTE leadership group is working to align committee goals with the initiatives of the entire Georgia Trauma System. One goal will surround the system-wide work of time to definitive care. Goals should be finalized during the November GCTE meeting. These are two to four-year goals.

Each GCTE Subcommittee is working to establish a succession plan with either a co-chair, vice-chair, or clear plan for who will move into the chair position, if/when vacated. This work is essential to maintain a good cadence moving forward with goal completions. You have a lengthy report by our subcommittees within the report.

The Injury Prevention group is probably our most active Subcommittee. One of the big things they are doing is Bingocize as a Falls Prevention Coalition, so we will hopefully have some feedback to provide you as it unfolds. Registry changes were submitted to V5 for 2022 updates. The group is awaiting training on Image Trend and downloading instructions for V5 users to upload to Image Trend. Pediatrics is still working on the Pediatric Radiology Project and waiting for the state to look at data before the second round of data collection begins. Education blasts through GHA have gone out to encourage compliance. They are also working on their Shock Index Pediatric Adjusted (SIPA) project. They are doing a trial to determine if that will be valuable to deploy to other centers.

D. Dunne asked about the Pediatric Radiology Project. He thought that was completed, are we struggling to initiate those guidelines? Jesse answered she thinks they have instituted the guidelines but now

focusing on the data collection and the analysis. R. Medieros asked when do you anticipate presenting and publishing the data? Jesse mentioned she thinks they have published some data but will ask them at tomorrow's GTCE meeting. J. Bleacher expressed excitement around the SIPA project and implementing the tool to improve the treatment of Shock in the pediatric population.

Level III/ Level IV Rural Trauma Workgroup (1:28:37)

Presented by Dr. Greg Patterson

Dr. Patterson highlighted some of the key projects the Subcommittee has been working on and reviewed on page 44. We developed our cost of care survey, which was distributed, data collected, and currently in the analysis and validation process by Warren Averett. We will hopefully have preliminary data to share by the end of the year. We have engaged the Pennsylvania Trauma Foundation to provide Consultative visits for level IVs, similar to the ACS visits for levels I-III centers. We have confirmed dates for these visits to be held October 10-14 next year. Grants and course development for trauma providers in the pre-hospital and hospital setting are still ongoing. The March PAWS retreat at Lake Blackshear has been set for February 1st and 2nd. We are trying to re-engage the TMDs and Administrative group on access to the specialty care process. Looking down to #8 on the report, we have developed a resource tool to address the transfer issues to levels III and IV, which provides current phone numbers and contact information, services provided across the state. We hope to update the tool yearly. I also wanted to thank the Commission for supporting the TCAA membership for Level III and LIV.

Dr. Ashley mentioned we did vote on the TCAA membership and approved it. We appreciate what you all are doing, and it's energized us to get you involved.

Trauma Administrators Subcommittee (01:33:30)

Presented by Dr. Michelle Wallace

M. Wallace gave a brief update. We would like to have finance and business be a part of the group, the collaboration of the two would bring a lot of value. We will have four upcoming meetings, two in-person and two virtual. The first in-person meeting will be at Barnsley, and Liz added a finance workshop for the group. J. Dunne asked if the CFO would be required to attend? M. Wallace answered no, it would be one person or designee. We are working on getting co-chairs for our levels II, III, and IV. If there are other items for the Administrative group to address, please send them to me to include in our upcoming meeting agenda.

Trauma Data Subcommittee (01:36:28)

Presented by Dr. James Dunne

J. Dunne referenced the data report on page 47. The goal of the workgroup is to improve the time to care metric. What was encouraging from our last meeting, we have access to every step of the process, and we realize now there is incomplete data, so the sample size is small. One of Liz's recommendations was to go back to the GCTE groups to look at the data input for the registry, especially the EMS arrival times. Shoutout to Gina Solomon and the state drilling down on patient records to the level of detail we have now. Gina added that there is potential for improvement. L. Atkins mentioned that we also want to involve the GCTE PI group to set a threshold for scene time, so if it's over a specific time, we can drill down on those cases.

Trauma System Partner Reports

Georgia Trauma Foundation (01:40:06)

Presented by Dr. John Bleacher

J. Bleacher referenced the PowerPoint included in the electronic packet, starting on page 48. He introduced Cheryle Ward, Interim Executive Director of the Georgia Trauma Foundation. Over the past few months, we have renewed our goals to raise money for projects that improve trauma care in Georgia. We are refocusing on a multiprong approach to philanthropy and diverse revenue streams. Our board should be 9-13 people; we are currently at three, so we have an open opportunity to add members from diverse backgrounds. We are in the vetting process to make offers for additional board members and consider succession plans. We plan to have a fundraising Gala this upcoming April 30. We're also creating networks of people that can contribute to the Foundation in a variety of ways. We are focused on the goals the Foundation needs to have. C. Ward added to the diversification of our revenue streams mentioned was special events. Still, we will also be pursuing relationships with corporate entities, bringing funding through grants, fundraising at trauma meetings, and peer-to-peer fundraising. We're excited about things to come and encourage you to participate.

GQIP Update (01:44:54)

Presented by Ms. Gina Solomon

G. Solomon gave an overview of her report on page 51. For the workgroups:

- AKI: Predictive algorithm updated. ISS predication subproject in development. Poster presentation on AKI work accepted at TQIP conference.
- Opioid: Initial draft of multimodal guideline completed and shared with workgroup for feedback.
- TBI: Investigating the feasibility of additional data asks from centers. Attempting to pull together a list of state TBI inpatient rehab resources.

Benchmarking platform and data central site security assessment are still in process. Draft contracts were submitted to the AG Office to begin review and edit. The build process will take approximately 21 weeks after contract implementation. Bi-weekly meetings are in progress with the special counsel and AG office regarding peer review protection and data use policies. NSQIP completed the first sharing of individual center deciles from the July SAR report. The winter NSQIP meeting scheduled for January 14 at Augusta. G. Solomon acknowledged the work Dr. Dente has done getting the program started us this far, she looks forward to working with Dr. Todd to get him up to speed on the history of the program and give us some direction.

Office of EMS & Trauma (01:47:53)

Presented by Ms. Renee Morgan

R. Morgan referenced the report on page 53. As mentioned earlier, it's exciting Cartersville received ACS verification, the first level III in our state to so. It was a great visit, and John did a great job preparing. Emanuel has redesignated as a level IV and Wellstar Paulding is designated as a new level IV and expects to become a level III in the future. There is still a need for site survey reviewers, and we have trouble finding reviewers for the higher level centers. I emailed the updated list of centers with all centers (available on trauma.ga.gov). J. Dunne asked how the state is doing the site visits (in-person vs. virtual). OEMST does not have the security level of technology for the record review required for virtual visits.

We have considered doing the chart review on-site and the rest virtual, but it's currently in person. Ms. Morgan thanked everyone for the outpouring of support after the recent loss of her husband.

Winter Meeting Update (01:52:25).

Presented by Ms. Gina Solomon and Ms. Liz Atkins

G. Solomon and L. Atkins referenced the Barnsley meeting draft agenda on page 52. The venue is fantastic, and it will lend itself to much-needed collaborative work between the different committees. We are not offering a virtual option. We want to bring everyone back together for group work and brainstorming. This is primarily a meeting for the Trauma Program Manager, Trauma Medical Director and the Appointed Administrative Committeere representatives. The finance workshop will be focused on the needs of the administrators but TPMs and TMDs are welcomed and encouraged to attend. The workshop facilitator is fantastic and has a wealth of experience in trauma center finance. The Commission members discussed the various finance roles that could benefit from this information. Due to the venue's limited space, the workshop will be limited to those who are required to attend. We can set up a virtual workshop for those others who may be interested but are unable to be accommodated due to size limitations of: 1. the venue, and 2. Workshop with one facilitator. J. Dunne commented on the value of having the administrators there to get some context on what the charges mean. It gets complicated quickly. It's beneficial to have experts on both sides clinically and financially. L. Atkins suggested facilitating a separate webinar for the coders so the information can trickle down to them. R. Medeiros recommended a survey at the end of the workshop to see the group's needs or indicate their barriers. This is a retreat to get together and dig in; we will have the readiness costs survey results for the level III and IV trauma centers to review as a prelude to tackling the reiew of the current trauma center funding formulas.

The group briefly discussed the impact of COVID on data and the recent TQIP fall report findings. Dr. Ashely stated there was no new business submitted for considerations and asked for a motion to adjourn.

MOTION GTCNC 2021-11-06:

I make the motion to adjourn.

MOTION BY: Regina Medeiros

SECOND BY: James Smith

VOTING: All members are in favor of the motion.

ACTION: The motion **PASSED** with no objections nor abstentions.

Meeting adjourned at 11:30 AM

Minutes Respectfully Submitted by Gabriela Saye

**DRAFT FOR
APPROVAL AT
MARCH MEETING**



GEORGIA TRAUMA COMMISSION

GEORGIA TRAUMA COMMISSION

Wednesday, January 26, 2022

12:00 PM to 12:30 PM

Zoom Livestream

Meeting Minutes

[Link to meeting recording](#)

[Link to meeting material](#)

COMMISSION MEMBERS PRESENT	COMMISSION MEMBERS ABSENT
Dr. Dennis Ashley, Chairman Dr. James Dunne, Vice-Chairman Dr. Regina Medeiros, Secretary /Treasurer Dr. John Bleacher Mr. Courtney Terwilliger Dr. Michelle Wallace	Mr. James E. Adkins Mr. Victor Drawdy Dr. James J. Smith

STAFF MEMBERS & OTHERS SIGNING IN	REPRESENTING
Elizabeth V. Atkins Gina Solomon Katie Hamilton Gabriela Saye Cheryle Ward	GTC, Executive Director GTC, GQIP Director GTC, Finance Operations Officer GTC, Executive Assistant Georgia Trauma Foundation

Call to order: (00:01:05 on the recording)

Dr. Ashley called the meeting to order at 12:07 PM, with six of nine members present via Zoom videoconference.

Georgia Trauma Foundation Board Member Candidate Review (00:01:47)

Presented by Dr. Bleacher

Dr. Ashley welcomed everyone and stated we have a specific agenda today. I will go ahead and turn it over to Dr. Bleacher.

Dr. Bleacher explained that one of the Georgia Trauma Foundation (GTF) priorities is expanding the Board with members who have diverse skill-set and geography. The Bylaws state that additions to the GTF Board must be approved by the Commission, which is the main reason for today's meeting. We have two candidates that we would like to forward to you for approval.

The first candidate is Ethan James. He is a Principal in a PR agency that lobbies for health issues and has experience as a lobbyist in the legislature through the Georgia Hospital Association. Ethan is well-versed in the trauma system and is enthusiastic about joining the Board. The one issue raised was that we weren't sure if it was acceptable for a registered lobbyist to join a Non-Profit Board. Cheryle Ward, the Interim Executive Director of the Georgia Trauma Foundation, checked with the Georgia Ethics Commission. They were clear that they did not have any issues about Ethan being a registered lobbyist. We also sign a conflict of interests forms when joining the GTF Board.

The second candidate for approval is Karen Iler in Albany, Georgia. She is a Vice President and CFO for a plywood company, has an MBA, and serves on the Phoebe Putney Hospital Board. She has past board service with Synovus Bank. Karen is interested in medical issues, particularly in trauma, and is a practicing paramedic. She will provide the Board with representation from a financial standpoint, being a CFO and having an MBA, as well as representing south Georgia.

Regina Medeiros stated it would be helpful for transparency to include the Ethics Commission's letter in the minutes from today's discussion. Cheryle Ward stated she requested a letter and will be happy to send it to everyone and attach it in the minutes.

Dr. Bleacher opened the floor for discussion. No concerns were raised. Dr. Dunne asked how big the Board has to be. Dr. Bleacher answered they would like to have about nine members; we would like representation from all ten RTAC regions.

MOTION GTCNC 2022-01-01

Motion to approve both candidates, Ethan James, and Karen Iler, as Georgia Trauma Foundation Board Members

MOTION BY: John Bleacher

SECOND BY: Courtney Terwilliger

VOTING: All present members are in favor of the motion.

ACTION: The motion **PASSED** with no objections nor abstentions.

Absent members, Dr. James Smith, and Jim Adkins, approved the candidates via email for notation. L. Atkins clarified voting has to occur during a meeting and cannot be done electronically.

Dr. Ashley thanked Dr. Bleacher, Cheryle Ward, and the Board for all the great work and bringing the candidates forward.

MOTION GTCNC 2022-01-02

I make the motion to adjourn.

MOTION BY: Regina Medeiros

SECOND BY: Courtney Terwilliger

VOTING: All present members are in favor of the motion.

ACTION: The motion **PASSED** with no objections nor abstentions.

Meeting adjourned at 12:25 PM

Minutes Respectfully Submitted by Gabriela Saye

Excerpts From Governor's Budget Report AFY 2022 and FY 2023

Dedicated State Revenues

FY 2023

State Trust Funds	Dedicated Fee Sources	FY 2021 Revenues
Georgia Agricultural Trust Fund	Georgia Agricultural Tax Exemption Fees	\$1,884,774
Hazardous Waste Trust Fund	Solid Waste Disposal Fees	7,620,376
Fireworks Trust Fund	Fireworks Excise Tax	2,722,391
Solid Waste Trust Fund	Scrap Tire Fees	7,628,938
State Children's Trust Fund	State Children's Trust Fund	1,100,533
Georgia Transit Trust Fund	For-Hire Ground Transport Excise Tax	15,927,600
Transportation Trust Fund	Hotel - Motel Excise Tax	138,963,125
	Highway Impact Fees	12,014,224
Trauma Care Trust Fund	Excessive Speeding Fines (Super Speeder)	13,594,359
Wildlife Endowment Trust Fund	Lifetime Sportsmen License Fees	1,728,350
	Total Fee and Fine Collections	\$203,184,670

Agency/Program	Trust Fund Uses	FY 2023 Budget
Department of Agriculture		
Marketing and Promotion	Georgia Agricultural Trust Funds	\$1,884,774
Department of Community Affairs		
Payments to Georgia Regional Transportation Authority	Georgia Transit Trust Funds	339,558
Department of Human Services		
Child Abuse and Neglect Prevention	State Children's Trust Funds	1,100,533
Department of Natural Resources		
Hazardous Waste Trust Fund	Hazardous Waste Trust Funds	7,620,376
Solid Waste Trust Fund	Solid Waste Trust Funds	7,628,938
Wildlife Resources	Wildlife Endowment Trust Funds	1,728,350
Department of Public Health		
Georgia Trauma Care Network Commission	Trauma Care Trust Funds	13,594,359

Amended FY 2022 Budget Changes

Georgia Trauma Care Network Commission

Purpose: The purpose of this appropriation is to establish, maintain, and administer a trauma center network, to coordinate the best use of existing trauma facilities and to direct patients to the best available facility for treatment of traumatic injury and participate in the accountability mechanism for the entire Georgia trauma system, primarily overseeing the flow of funds for system improvement.

Recommended Change:

1.	Increase funds for a \$5,000 pay increase for all full-time, benefit eligible state employees to address agency recruitment and retention needs.	\$24,234
2.	Increase funds to reflect 2021 Super Speeder collections and reinstatement fees.	7,391,635
3.	Increase funds to reflect fireworks excise tax revenue collections.	1,144,171
Total Change		\$8,560,040

FY 2023 Budget Changes

Georgia Trauma Care Network Commission

Purpose: The purpose of this appropriation is to establish, maintain, and administer a trauma center network, to coordinate the best use of existing trauma facilities and to direct patients to the best available facility for treatment of traumatic injury and participate in the accountability mechanism for the entire Georgia trauma system, primarily overseeing the flow of funds for system improvement.

Recommended Change:

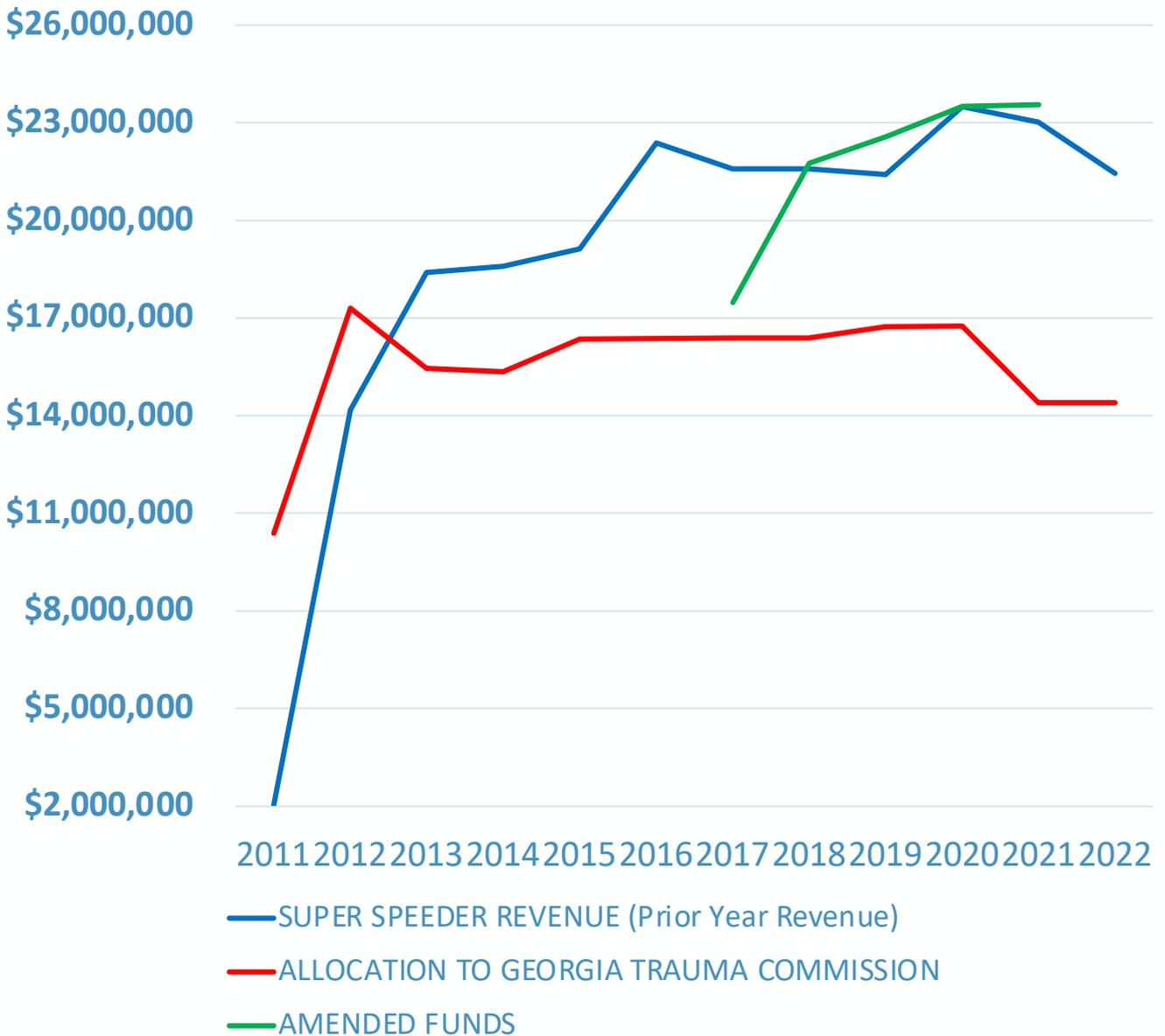
1.	Increase funds to provide a \$5,000 cost of living adjustment for all full-time, benefit eligible state employees effective July 1, 2022 to address agency recruitment and retention needs.	\$33,623
2.	Increase funds to allow eligible state employees to withdraw up to 40 hours of earned annual leave annually from their accrued leave balance.	1,971
3.	Reflect a change in the Employees' Retirement System employer contribution rate to fully fund the actuarial determined employer contribution, provide for a cost of living adjustment for retirees, increase the employer 401(k) match for GSEPS employees, and fund the employer share of accrued forfeited leave for retiring employees.	30,404
4.	Dedicate \$13,594,359 in state general funds as Trauma Care Network Trust Funds and increase funds to reflect FY 2021 Super Speeder collections pursuant to HB 511 (2021 Session).	Yes
5.	Increase funds to reflect FY 2021 reinstatement fees.	7,325,637
6.	Transfer funds to the Department of Revenue for the Fireworks Trust Fund to reflect the fireworks excise tax collections pursuant to HB 511 (2021 Session).	(353,690)
Total Change		\$7,037,945

Department of Public Health Program Budget Financial Summary

	FY 2022 Original Budget	Changes	Amended FY 2022 Budget	FY 2022 Original Budget	Changes	FY 2023 Budget
Georgia Trauma Care Network Commission						
State General Funds	14,406,895	8,560,040	22,966,935	14,406,895	(6,556,414)	7,850,481
Trauma Care Trust Funds	0	0	0	0	13,594,359	13,594,359
TOTAL FUNDS	\$14,406,895	\$8,560,040	\$22,966,935	\$14,406,895	\$7,037,945	\$21,444,840

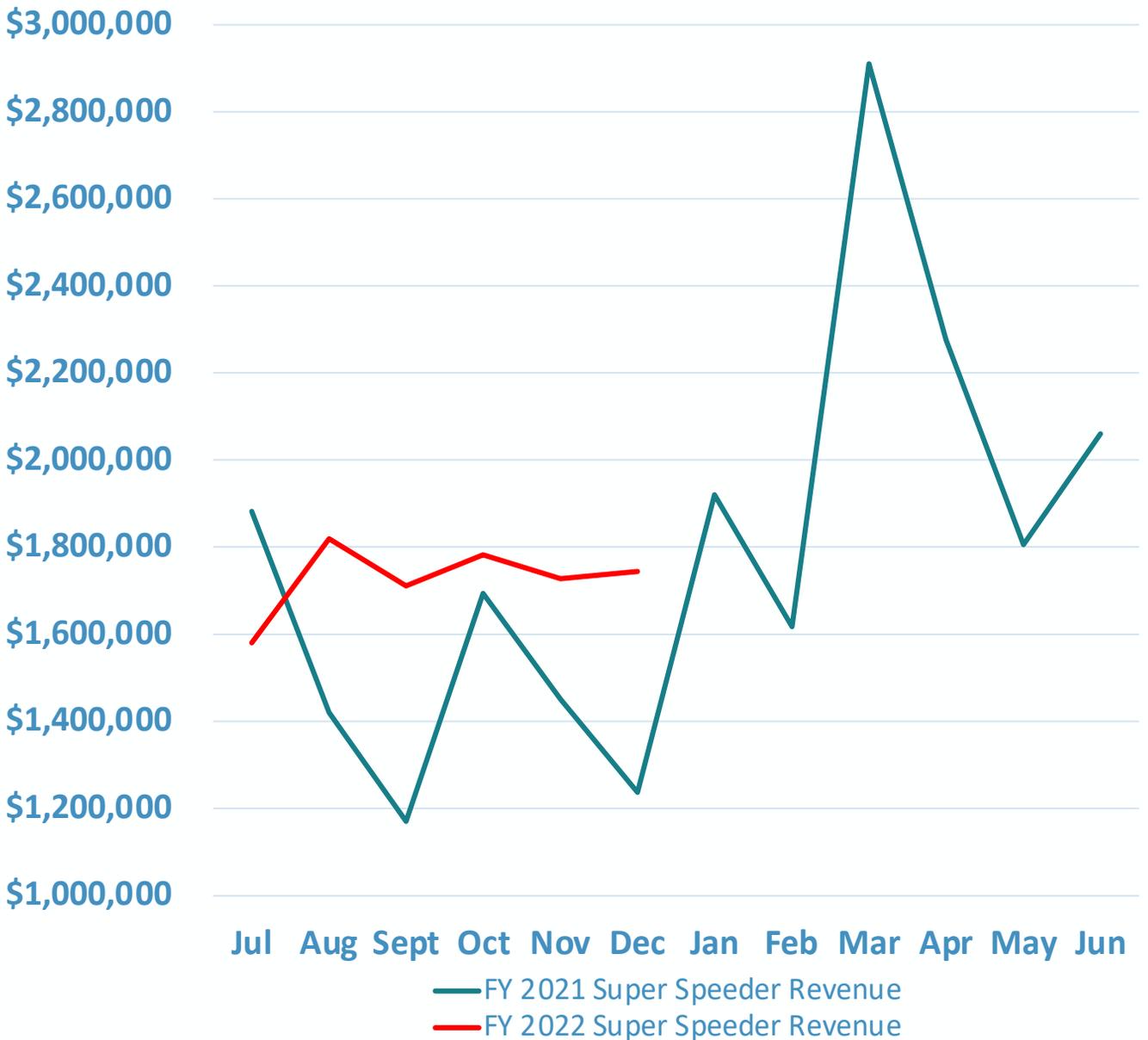
Super Speeder Revenue Summary

Revenue to Budget Comparison: Super Speeder



Super Speeder Revenues

FY 2021 vs. FY 2022



Super Speeder Cumulative Revenue FY 2021 vs. FY 2022

Month	FY 2021 Cumulative Total	FY 2022 Cumulative Total	Cumulative Variance	Percentage +/-
Jul	\$ 1,882,436.00	\$ 1,580,677.00	\$ (301,759.00)	-16%
Aug	\$ 3,302,244.00	\$ 3,400,448.00	\$ 98,204.00	3%
Sept	\$ 4,472,201.00	\$ 5,111,959.00	\$ 639,758.00	14%
Oct	\$ 6,165,461.00	\$ 6,895,251.00	\$ 729,790.00	12%
Nov	\$ 7,616,157.00	\$ 8,623,089.00	\$ 1,006,932.00	13%
Dec	\$ 8,853,010.00	\$ 10,368,341.00	\$ 1,515,331.00	17%
Jan	\$ 10,773,002.00			
Feb	\$ 12,390,822.00			
Mar	\$ 15,301,275.00			
Apr	\$ 17,578,083.00			
May	\$ 19,384,342.00			
Jun	\$ 21,444,840.00			



GEORGIA TRAUMA COMMISSION

March 2, 2022



Mission

- ❖ *To secure the viability of America's Trauma Centers and foster a sustainable national system of trauma care.*

Vision

- ❖ *Access to optimal trauma care for all*

Values

- ❖ *Inclusion*
- ❖ *Leadership*
- ❖ *Excellence*
- ❖ *Collaboration*
- ❖ *Innovation*

TRAUMA CENTER ASSOCIATION OF AMERICA “TCAA”

- ❖ Trade association for our nation’s trauma centers and trauma systems
- ❖ Focus on operations, advocacy, finance
- ❖ Represent trauma centers and systems in policy-making discussions in Washington
 - UB04-68X codes
 - S.3566, Improving Trauma Systems and Emergency Care Act

History

- ❖ Originated in 1995 as the Managed Trauma Care Project in Orange County, Ca with 20 Level Trauma Centers under wing of Bishop & Associates
- ❖ First Conference in 1996 – identified trauma centers need for finance and operations
- ❖ 1997 Trauma Resource Network
- ❖ 2002 National Foundation for Trauma Care, Inc
- ❖ 2004 HRSA – Study on Trauma Center Finance
- ❖ 2006 CDC – Emergency Preparedness Study

History

- ❖ 2008 Trauma Center Association of America
- ❖ 2010 National Trauma Center Stabilization Act
- ❖ 2017 ASPR Database and Map
- ❖ 2021 Mission Zero introduced for \$5M
- ❖ 2022 Improving Trauma Systems and Emergency Care Act \$120M



TCAA in 2022

430 Members Strong

112 Level I

164 Level II

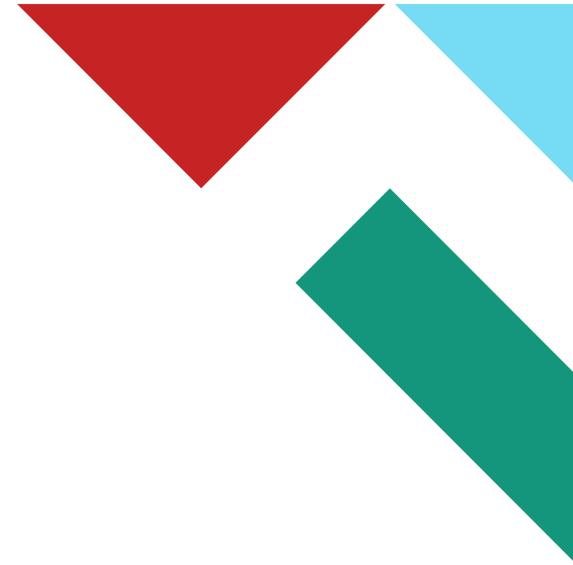
111 Level III/IV

26 Pediatric I

6 Pediatric II

3 Pediatric III

8 State/Local Trauma Systems



BOARD MEMBER REPRESENTATION

5 Trauma Center Admin

- ❖ Kevin Croston, Chair Elect
- ❖ Tim Smith, Treasurer
- ❖ Sommer Kleweno Walley
- ❖ Barbara Rossmann
- ❖ Michael Chicarelli

3 Trauma Surgeon Leaders

- ❖ Britt Christmas, Secretary
- ❖ Charlie Mains
- ❖ Chris Kaufmann

3 Trauma Program Managers

- ❖ Janet Cortez
- ❖ Lisa Hollister
- ❖ Jennifer Gratton

2 Governmental Relations

- ❖ Heidi Gartland, Chair
- ❖ Shelly Schlenker

1 Pediatric

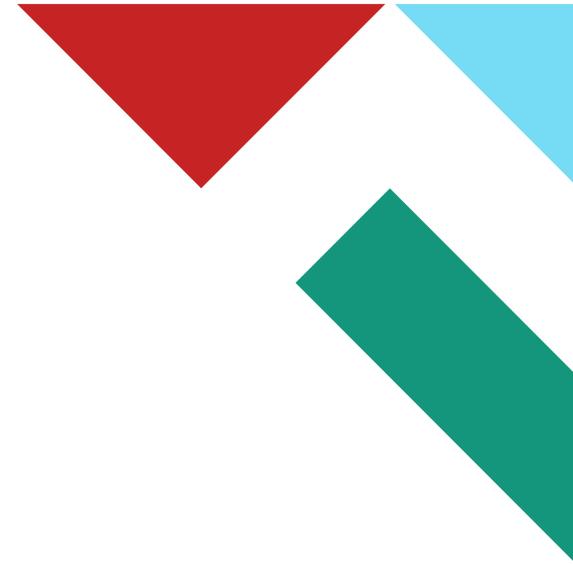
- ❖ Trey Eubanks

Past Chairman

- ❖ Martin Schreiber

TCAA Leadership Initiatives

- ❖ Advocacy
- ❖ Annual Meeting
- ❖ Disaster Preparedness
- ❖ Education
- ❖ Injury Prevention
- ❖ Member Services
- ❖ Military/Civilian
- ❖ Pediatrics
- ❖ Reimbursement
- ❖ Trauma Systems



SERVICES & BENEFITS

Advocacy

- ❖ Federal & State
- ❖ Grant Notifications
- ❖ U.S. Trauma/Disaster Response Center Map

Finance

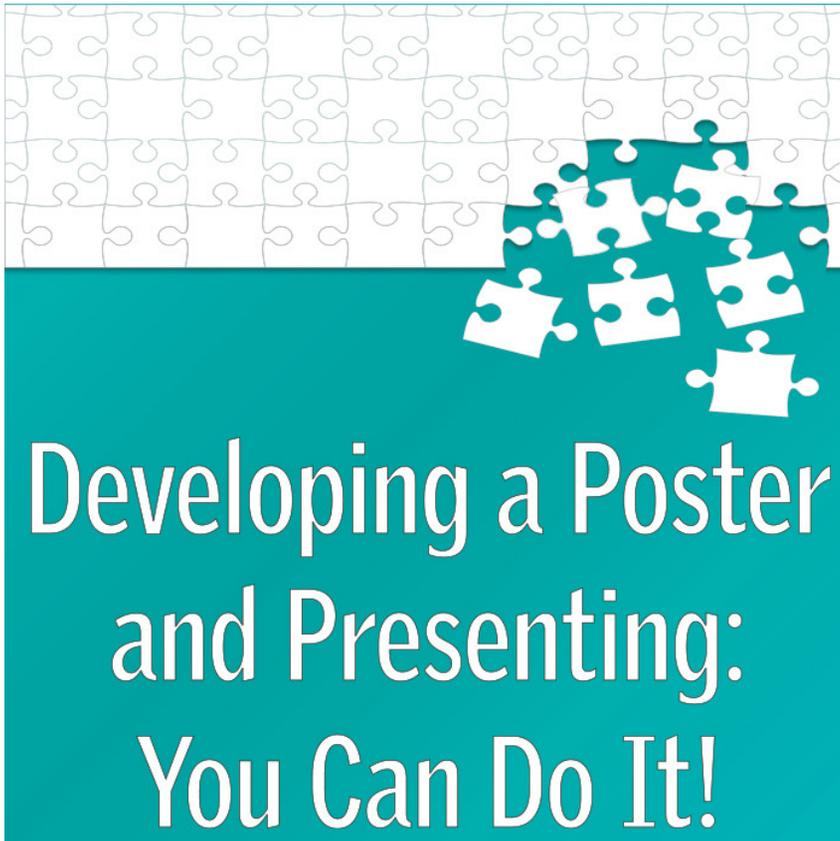
- ❖ Reports & Studies
- ❖ Consultative calls
- ❖ Fellowships
- ❖ Trauma Center Finance Resource Manual
- ❖ Consultative Visit
 - Finance
 - Verification

Operations

- ❖ Webinars & Trauma Think Tanks
- ❖ Consultative Calls
- ❖ Surveys & Benchmarking
- ❖ Website
 - Documents, Libraries & Tools
 - Best Practices
 - Online On-Demand Education
 - Community Partners and Events

UPCOMING TCAA WEBINARS

March 3, 2022

A graphic for a webinar. The top half shows a grid of white puzzle pieces on a light background. The bottom half is a solid teal rectangle. In the center, several puzzle pieces are scattered, some white and some teal. Below the puzzle pieces, the text "Developing a Poster and Presenting: You Can Do It!" is written in white, bold, sans-serif font.

Developing a Poster
and Presenting:
You Can Do It!

March 9, 2022

**LOOP CLOSURE FOR
TRAUMA PERFORMANCE
IMPROVEMENT:
What Is It, and How Can
I Document It?**

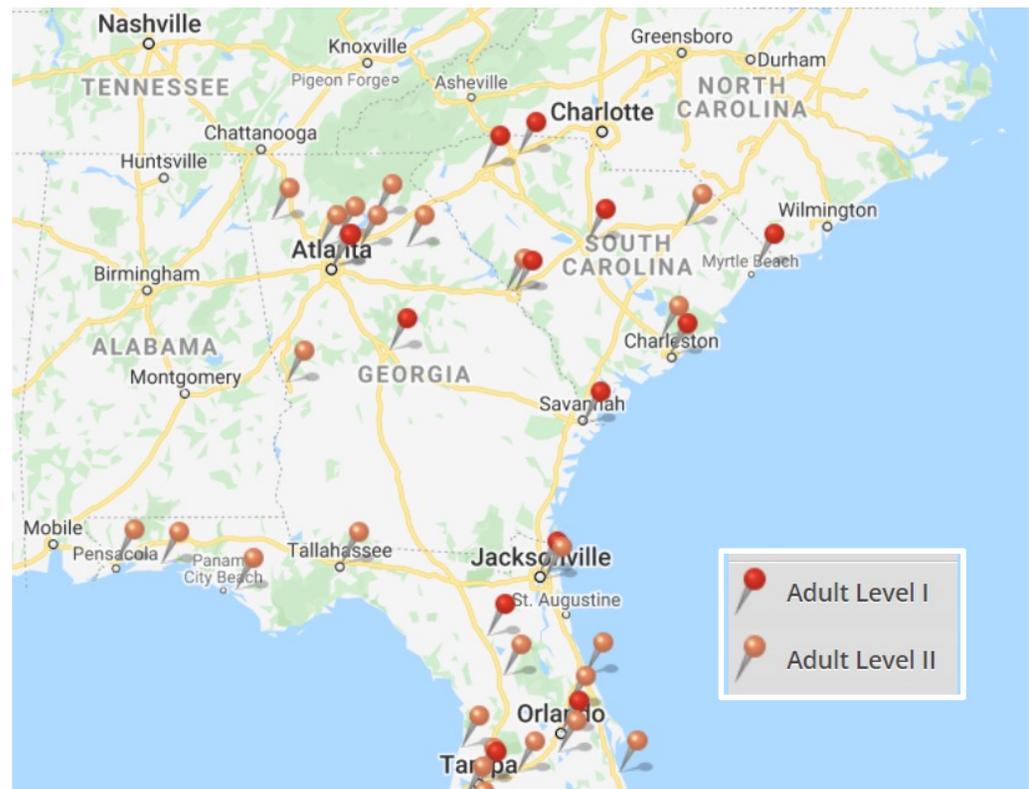


TCAA US TRAUMA & DISASTER INTERACTIVE MAP

The Golden Hour



The time following a traumatic injury when prompt medical treatment has the highest likelihood to prevent death





TCAA Online Education

February 2022

TCAA Connect

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TRAUMA CENTER

Association of America

ADVOCACY • FINANCE • OPERATIONS.

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TCAA

Virtual

ANNUAL TRAUMA CONFERENCE

April 19 - May 4



ONLINE EDUCATION

Expert On-Demand Training

Our comprehensive online library allows for easy learning whenever fits best with your schedule, giving you the flexibility you need. Conveniently register for and complete courses at any time, and instantly receive your continuing education certificate. Members can also extend this benefit beyond the trauma program to their clinical providers, such as APP, Residents, Surgeons, ED, OR, and ICU Nurses.

Simple to Use

- [Log in with your TCAA username and password](#)
(If you don't have a username and password, [create one here](#))
- Visit learn.traumacenters.org
- [Select a course](#)
- [Watch the video](#)
- [Complete related exam](#)
- [Download your certificate](#)





Login

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- [Disaster \(7\)](#)
- [Blood Products/Control/Trauma Resuscitation \(7\)](#)
- [Mental Health/Burnout \(9\)](#)
- [Process/Performance Improvement \(3\)](#)

Featured **Catalog**

Featured 

Geriatric Trauma: Anticoagulants

 On-Demand  1 Arkansas CME, 1 CE, 1 COP Free



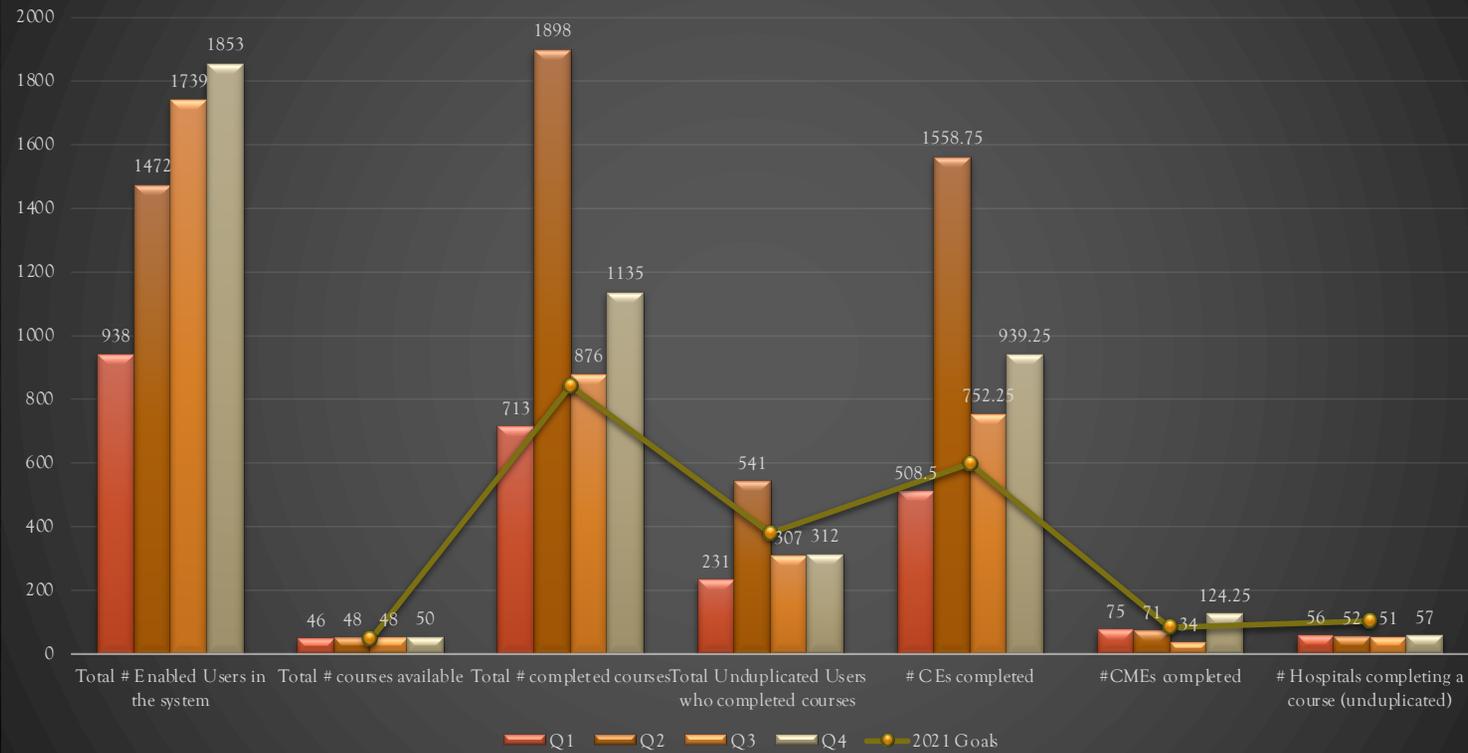
Featured 

Pediatric Burn Care for the Non-Burn Practitioner

 On-Demand  1 Arkansas CME, 1 CE, 1 COP Free



2021 Quarterly LMS Data



2021 Q4 Update:

Total of 50 courses

In Q4, 312 users completed 1135 courses for over 1063 CE/CMEs

98 TCAA hospitals used the LMS in 2021

CORE COMPETENCIES

Trauma Program Manager Core Competencies

TCAA Education Committee

TCAA's core competencies is a document to assist in your orientation as a Trauma Program Manager (TPM) as well as developing leadership skills and growth within your career. Depending on your level of trauma center and the number of FTE's, some of the items may require oversight where as many of the tasks will be performed by you. These are recommendations, your state and hospital needs may override these suggestions.

ORIENTATION

Office

- Learn Hospital's office products: Microsoft Office/Google Suite/Office 365
- Hospital's Time & Attendance Software
- Working knowledge of EMR- may have new views as a manager
- Working knowledge of trauma registry (the players, pieces, data dictionary - status of being concurrent), PI data base
- Notify State, ACS and TQIP, NTDB if required to alert agencies of new TMD

Communications

- Hospital Management, Department Heads, C-Suite (meet and greet - build relationships - discover the processes within each service line or department including non-clinical areas such as security and public relations); leadership rounding
- Trauma Team (Meet & Greet)
- Committees (Inquire about hospital Committees - quality, organ procurement, ICU, ER); Which committees are mandatory, ad hoc, optional and which will you chair?
- Learn EMS System(s) - Meet with key players, EMS medical directors

Data

- Getting up to speed with AIS, ICD-10, type of registry software, PI Data base
- Location of data dictionaries
- Knowledge of next data submission
- Most centers meet with lead registrar to establish current process of data submission calendar, communication systems, data validation. In smaller centers, this may your role to complete.
- Review most recent TQIP report with PI coordinator and TMD - establish goals for improvement

Verification Designation

- Review past PRQ/reports (if not available request from ACS/State)
- Relationships - Contacts and links to ACS or state
- ACS or state designating information - download material/purchase books

Human Resources

- Schedule weekly "1-Up" (direct reporting person)
- HR forms, hospital's orientation program

Trauma Center Association of America©
Subject to TCAA Security and Confidentiality Policy

2021

Performance Improvement (PI) Coordinator Core Competencies

TCAA Education Committee

TCAA's core competencies is a document to assist in your orientation as a Performance Improvement Coordinator as well as developing leadership skills and growth within your career. Depending on your level of trauma center and the number of FTE's, some of the items may require oversight where as many of the tasks will be performed by you. These are recommendations, your state and hospital needs may override these suggestions.

ORIENTATION

Office

- Learn Hospital's office products: Microsoft Office/Google Suite/Office 365
- Working knowledge of EMR - may have new views
- Basic knowledge of trauma registry (the players, pieces, data dictionary - status of being concurrent), PI database

Communications

- Department Managers, (meet and greet - build relationships - discover the processes within each service line or department)
- Clinical team rounding
- Trauma Team (meet & greet)
- Committees (Inquire about hospital Committees - quality, organ procurement, ICU, ER); Which committees are mandatory, ad hoc, optional
- Learn EMS System(s) - Meet with key players, EMS medical directors
- Establish relationship with Quality department
- Consider shadowing the TPM, Registrar, IP Coordinator and another PI Coordinator for a day

Data

- Getting up to speed with AIS, ICD-10, type of registry software, PI Database
- Location of data dictionaries
- Knowledge of next data submission
- Meet with lead registrar/manager to establish current process of data submission calendar, communication systems, data validation. In smaller centers, this may your role to complete
- Review most recent TQIP report with manager and TMD - establish goals for improvement
- Review of audit filters and PI Plan
- Knowledge of current PI forms and processes
- Knowledge of monthly reports for meetings/ACS/dashboards

Verification Designation

- Review past PRQ/reports
- Relationships - Contacts and links to region/ state as applicable
- ACS or state designating information - download material/purchase books
- List of hospital required courses
- Read Current ACS book or state guidelines

Trauma Center Association of America©
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2021

TMD Core Competencies available soon!



TCAA TRAUMA FUNDING ALERT

A weekly review of funding opportunities for TCAA members

Developed by McAllister & Quinn, LLC



WHEELED SAFETY

TOOLKIT

**Wheels Under Your Feet?
Helmet on Your Head!**



[Unified Statement on Helmet Use / 2](#)

[Intro to Bike Safety / 3](#)

[Best Practice Programs / 4](#)

[Pop-up Programs / 6](#)

[Media Toolkit / 8](#)

[Additional Resources / 9](#)





DEFINITIVE SURGICAL TRAUMA CARE COURSES™ (DSTC™)

Introduction

The DSTC™ Course was originally designed for **surgeons** and **surgical trainees**, by surgeons. Many situations require specialist trauma surgical expertise, yet because of local conditions this is simply not available. Its intention is not to duplicate ATLS®, nor to provide an in-depth course in surgery, but rather to teach those techniques particularly applicable to the patient who requires surgery and intensive care for major trauma, in a setting where such care is not commonly practiced or even necessarily available. At the same time, trauma care is changing all the time, and this course also serves as an update of knowledge and information in the field of trauma care. For many years Operating Room nurses have contributed to the DSTC™ course, sometimes informally but increasingly as an integrated part of DSTC™ with a specific program designed for **OR nurses**. Similarly, in some countries a component of care relevant to anesthetists has been developed by anesthetists and is now being integrated into DSTC™. This allows a more realistic experience for the entire team and provides the opportunity for **anesthetists** to learn technical and resuscitation skills as well. With the **whole OR team** involved in the same training course the potential to maximize the learning is optimized.

The DSTC™ Course is an intensive 2 or 3-day course comprising lectures, interactive case discussions and laboratory based surgical skills training.

Program Description:

- Surgical decision making in complex scenarios
- Operative technique in critically ill trauma patients
- Hands on practical experience with experienced instructors
- Insight into difficult trauma situations with learned techniques of hemorrhage control and the ability to handle major thoracic, cardiac and abdominal injuries

Visit [this page](#) on the IATSIC website for complete information on the DSTC™ Courses.

The DSTC™ Course is the intellectual property and a registered Trademark (TM) of the International Association for Trauma Surgery and Intensive Care (IATSIC). IATSIC is an Integrated Society of the International Society of Surgery (ISS/SIC) based in Zurich, Switzerland.

Additional Information

TCAA's role as the National Sponsor for the United States

How to apply to hold a DSTC?

Upcoming Courses

How does this benefit a TCAA Member?



Join us May 3-4 for the Annual Meeting



Basic Finance & Business Course



Advanced Finance & Business Course



Advanced Trauma Medical Director Course



Dynamic Leadership Team Course



Trauma Medical Director Course



PTSD & Mental Health Care After Injury

Thank you for joining our Team



Next Steps

- ❖ *Schedule your Orientation Call & Finance Call*
- ❖ *Register for Educational Offerings*
- ❖ *Explore Best Practices*
- ❖ *Access On-demand Education*
- ❖ *Engage in Networking*



**GEORGIA TRAUMA CARE
NETWORK COMMISSION**

READINESS COST REPORT

AGREED UPON PROCEDURES

For the Year Ended December 31, 2019

DRAFT

GEORGIA TRAUMA CARE NETWORK COMMISSION

TABLE OF CONTENTS

For the Year Ended December 31, 2019

Independent Accountants' Report.....	1
Attachment A – CY2019 Readiness Cost: Procedures	2
Attachment B – CY2019 Readiness Cost: Results	4
Conclusion	7

DRAFT

**INDEPENDENT ACCOUNTANTS' REPORT
ON APPLYING AGREED UPON PROCEDURES**

To the Georgia Trauma
Care Network Commission

We have performed the procedures enumerated on Attachment A on readiness costs data of Georgia-designated Level III and IV Trauma Centers for the year ended December 31, 2019. The Georgia Trauma Care Network Commission's management is responsible for the readiness cost criteria.

The Georgia Trauma Care Network Commission has agreed to and acknowledged that the procedures performed are appropriate to meet the intended purpose of identifying readiness costs of Georgia-designated Level III and IV Trauma Centers and has agreed to and acknowledged that the procedures performed are appropriate for its purpose. This report may not be suitable for any other purpose. The procedures performed may not address all the items of interest to a user of this report and may not meet the needs of all users of this report and, as such, users are responsible for determining whether the procedures performed are appropriate for their purposes

The procedures are outlined in Attachment A and the associated findings are outlined in Attachment B to this report.

We were engaged by the Georgia Trauma Care Network Commission to perform this agreed-upon procedures engagement and conducted our engagement in accordance with attestation standards established by the American Institute of Certified Public Accountants. We were not engaged to and did not conduct an examination or review engagement, the objective of which would be the expression of an opinion or conclusion, respectively, on the readiness costs data. Accordingly, we do not express such an opinion or conclusion. Had we performed additional procedures, other matters might have come to our attention that would have been reported to you.

We are required to be independent of the Georgia Trauma Care Network Commission and to meet our other ethical responsibilities, in accordance with relevant ethical requirements related to our agreed-upon procedures engagement.

This report is intended solely for the information and use of the Georgia Trauma Care Network Commission and is not intended to be and should not be used by anyone other than these specified parties.

Atlanta, Georgia

DATE

ATTACHMENT A

CY2019 READINESS COST: PROCEDURES

Georgia-designated Trauma Centers:

Level III

- Advent Health Redmond Hospital (Advent) – Rome
- Crisp Regional Health Services (Crisp) – Cordele
- Fairview Park Hospital (Fairview) – Dublin
- Hamilton Medical Center (Hamilton) – Dalton
- J.D. Archbold Memorial Hospital (Archbold) – Thomasville
- Piedmont Cartersville (Cartersville) – Cartersville
- Piedmont Walton (Walton) – Monroe
- Wellstar Cobb Hospital (Cobb) – Austell

Level IV

- Atrium Health Polk Medical Center (Polk) – Cedartown
- Effingham Hospital (Effingham) – Springfield
- Emanuel Medical Center (Emanuel) – Swainsboro
- Memorial Health Meadows Hospital (Meadows) – Vidalia
- Morgan Medical Center (Morgan) – Madison
- Winn Army Community Hospital (Winn) – Fort Stewart

ATTACHMENT A

CY2019 READINESS COST: PROCEDURES

Procedures:

The following are the agreed-upon procedures that Warren Averett, LLC (WA) was engaged to perform related to the Georgia-designated Trauma Centers (Centers) listed above.

1. WA will work with commission staff and the designated trauma center staff to develop an instructional process for completing the readiness survey.
2. WA will assist the commission staff and the designated trauma center staff in delivering an instructional presentation to the trauma centers to explain how to accurately complete the readiness survey.
3. WA will distribute and collect the survey that was created by the Georgia Trauma Care Network Commission (GTCNC) Trauma Care Economic Subcommittee. The data to be collected in the survey is for actual readiness costs incurred during the calendar year 2019.
4. In consultation with commission management, WA will select a sample of trauma centers and validate a sample of the costs reported in the readiness survey.
5. WA will compile a report to summarize the results of the readiness surveys and the results of our testing as noted in 4 above.

**ATTACHMENT B
CY2019 READINESS COST: RESULTS**

RESULTS:

WA worked with commission staff and the GTCNC Trauma Care Economic Subcommittee to develop an instructional process for completing the readiness survey. We assisted the commission staff and the GTCNC Trauma Care Economic Subcommittee in delivering an instructional presentation to the trauma centers to explain how to complete the readiness survey.

In consultation with commission management, WA selected all trauma centers to test a sample of the costs reported in the readiness survey. We selected our samples using sampling techniques to test a total of 90 cost categories. We used weighted averages to distribute sample sizes among the Centers based on total costs submitted. Centers with higher total costs submitted had a larger number of costs categories selected for validation. All Centers had a minimum of four costs categories selected for validation.

Trauma Centers were asked to submit supporting documentation (payroll records, invoices, etc.) for the selected cost categories. We reviewed the supporting documentation and adjusted the cost categories accordingly for any differences. There were four trauma centers that did not submit any of the requested support.

We have accumulated the results from our agreed-upon procedures that are outlined in Attachment A step 3. They are outlined below.

2019 trauma center readiness cost survey results:

Cost Category	Level III Total	Level III Average	Level IV Total	Level IV Average	Georgia Totals
Administrative	\$ 6,245,395	\$ 780,674	\$ 474,033	\$ 79,005	\$ 6,719,428
Clinical Medical Staff	7,365,251	920,656	-	-	7,365,251
In House OR Availability	-	-	-	-	-
Education and Outreach	109,561	13,695	15,689	2,615	125,250
Georgia Totals	\$ 13,720,207	\$ 1,715,025	\$ 489,722	\$ 81,620	\$ 14,209,929

2019 trauma center readiness cost range and average:

Trauma Center	Low Amount	High Amount	Average
Level III	\$ 654,923	\$ 3,273,416	\$ 1,715,025
Level IV	20,274	154,226	81,620

**ATTACHMENT B
CY2019 READINESS COST: RESULTS**

2019 Readiness cost survey results summary:

	Level III Total	Level III Average	Level IV Total	Level IV Average	Totals
Number of Centers		8		6	14
Cost Category					
Administrative					
Senior Administrator Support	\$ 138,659	\$ 17,332	\$ 37,472	\$ 6,245	\$ 176,131
Program Administrator:					
Trauma Director	409,177	51,147	52,500	8,750	461,677
Trauma Program Manager/Coordinator	541,555	67,694	278,732	46,456	820,287
Participation costs for state, regional and national activities	23,992	2,999	12,787	2,131	36,779
Education/Outreach Coordinator	10,597	1,325	-	-	10,597
Respiratory Therapy	879,131	109,891	70,756	11,793	949,887
Case Management, Discharge Planning, and Social Services	698,261	87,283	-	-	698,261
Physical Therapy	797,486	99,686	-	-	797,486
Occupational Therapy	873,715	109,214	-	-	873,715
Speech Therapy	918,333	114,792	-	-	918,333
Injury Prevention Coordinator	57,708	7,214	-	-	57,708
Research Coordinator	-	-	-	-	-
PI Coordinator	186,171	23,271	-	-	186,171
Trauma Registrar – Employed	255,651	31,956	-	-	255,651
Trauma Registrar – Contract	-	-	-	-	-
Trauma Program Secretary	56,488	7,061	-	-	56,488
Trauma Medical Director (TMD)	189,777	23,722	2,810	468	192,587
TMD Participation Costs	24,310	3,039	1,450	242	25,760
ED Liaison	50,144	6,268	-	-	50,144
ICU Surgical Liaison	17,979	2,247	-	-	17,979
Orthopedic Liaison	20,476	2,559	-	-	20,476
Neurosurgeon Liaison	9,144	1,143	-	-	9,144
Anesthesia Liaison	2,325	291	-	-	2,325
Registry Hardware and Software	82,336	10,292	17,526	2,920	99,862
Screening, brief intervention and referral for treatment (SBIRT)	1,980	248	-	-	1,980
Thromboelastography (TEG)	-	-	-	-	-
Total Administrative	\$ 6,245,395	\$ 780,674	\$ 474,033	\$ 79,005	\$ 6,719,428

**ATTACHMENT B
CY2019 READINESS COST: RESULTS**

Cost Category	Total	Average	Total	Average	Totals
Clinical Medical Staff					
Trauma Surgery	\$ 2,615,528	\$ 326,941	\$ -	\$ -	\$ 2,615,528
Trauma Physician Extender	-	-	-	-	-
Orthopedics	1,332,274	166,534	-	-	1,332,274
Neurosurgery	646,548	80,818	-	-	646,548
Anesthesia	452,145	56,518	-	-	452,145
Radiology	457,167	57,146	-	-	457,167
Urology	159,089	19,886	-	-	159,089
Vascular	40,495	5,062	-	-	40,495
Emergency Medicine					
Physician Coverage	366,642	45,830	-	-	366,642
Internal Medicine	309,496	38,687	-	-	309,496
Cardiology	291,628	36,453	-	-	291,628
Gastroenterology	193,174	24,147	-	-	193,174
Infectious Disease	-	-	-	-	-
Pulmonary Medicine	60,846	7,606	-	-	60,846
Nephrology	7,337	918	-	-	7,337
Payment for Uninsured	432,882	54,110	-	-	432,882
Total Clinical Medical Staff	\$ 7,365,251	\$ 920,656	\$ -	\$ -	\$ 7,365,251
Education and Outreach					
Injury prevention	\$ 694	\$ 87	\$ 2,661	\$ 444	\$ 3,355
Community outreach	9,464	1,183	1,886	314	11,350
Professional education	15,615	1,952	2,212	369	17,827
Trauma Medical Director	9,579	1,197	-	-	9,579
Trauma Program Manager	9,407	1,176	2,388	398	11,795
Trauma Registrar	3,423	428	-	-	3,423
Maintain Current ATLS	-	-	2,695	449	2,695
Emergency Department	57,100	7,138	-	-	57,100
Intensive Care unit	1,933	242	-	-	1,933
Surgery/PACU	2,346	292	-	-	2,346
Prehospital and hospital based provider training	-	-	3,847	641	3,847
Total Education and Outreach	\$ 109,561	\$ 13,695	\$ 15,689	\$ 2,615	\$ 125,250
Georgia Totals	\$ 13,720,207	\$ 1,715,025	\$ 489,722	\$ 81,620	\$ 14,209,929

CONCLUSION:

We appreciate the opportunity to be of service to you. This report summarizes the results of our engagement. If you have any questions, please let us know.

Very truly yours,

WARREN AVERETT, LLC

Committee and Trauma System Partner Report to the Georgia Trauma Network Care Commission

Name of Committee or Workgroup:	Budget Committee	
Project/Activity ¹	Comments	
1. AFY 22 Spend plan	The AFY budget hearings are underway. Ms. Atkins has presented our proposal and we are awaiting the final release of the nubers which we anticipate will be out by the time of the winter meeting. The budget subcommittee has prepared a spend plan for commission consideration and voting.	
Status: P		Support GTC Strategic Priorities? (Y/N): Y
2. Contract/grant deliverables workgroup	The workgroup is currently in the process of developing some recommendations for contract and grantee deliverables similar to the performance based pay criteria for trauma centers. This will take some time but is necessary to ensure fiscal accountability and in order to demonstrate return on investment of dollars. The group has identified wide variation in expectations. Some, like the trauma centers, have dollars at risk based on performance while other submit a quarterly invoice with no deliverable.	
Status: P		Support GTC Strategic Priorities? (Y/N): Y
3. Develop commission guidelines for expense/reimbursements based on SAO guidelines per OIG recommendation	The work with Warren Averett has started back and an updated draft of the policies and procedures has been created. Once a final draft is ready it will be shared with the full commission for final review and approval.	
Status: P		Support GTC Strategic Priorities? (Y/N): Y

Questions, Issues, and Recommendations Requiring Commission Discussion:	None at this time
Motions for Consideration at the Commission Meeting:	Final approval of AFY 22 spend plan
Committee Members:	Dennis Ashley, Courtney Terwilliger, James Dunn, Katie Hamilton & Elizabeth Atkins
Chair/Commission Liaison:	Regina Medeiros
Date of Next Committee Meeting:	TBD

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GEORGIA TRAUMA COMMISSION

Elizabeth V. Atkins, MSN, RN, TCRN
Executive Director
Liz@gtcnc.org
Office: 706-841-2800

The Georgia Trauma Care Network Commission distributes funds appropriated for trauma system improvement and works to stabilize and strengthen the state's trauma care system.

Georgia Trauma Care Network Commission AFY2022 Proposed Spend Plan*			
Initiative	Description of System Enhancements	O.C.G.A Reference	Cost
Trauma System Quality & Accountability	ACS System Consult with Rural South Georgia focus	O.C.G.A. § 31.11.102.8, 10, 11, 12, 13, 14, 15	\$ 65,000
Trauma System Quality & Accountability	Provide funding for Trauma Quality Improvement Program participation for all eight state designated level III trauma centers	O.C.G.A. § 31.11.102.14, 15; § 31.11.103(b)	\$ 64,920
Trauma System Quality & Accountability	Level III and Level IV Consultative Visits	O.C.G.A. § 31.11.102.12, 14, 15	\$ 259,000
Trauma System Quality & Accountability	Trauma Registry Web-hosting for all Levels III and IV trauma centers	O.C.G.A. § 31.11.102.14	\$ 80,000
Trauma Centers	Increase readiness funding for the 28 funded trauma & burn centers to offset base budget reductions	O.C.G.A. § 31.11.102.3	\$ 5,680,041
System Expansion	Provide trauma readiness & registry funding support for 5 additional trauma centers: three level IIIs, one level II and one pediatric level II	O.C.G.A. § 31.11.102.3	\$ 669,842
OEMST	True up to FY 2021 baseline	O.C.G.A. § 31.11.102.9	\$ 85,169
EMS	911 response ambulance equipment grants, pre-hospital provider and leader training	O.C.G.A. § 31.11.102.7	\$ 1,631,834
Proposed AFY 2022 Total Budget			\$ 8,535,806

*Preliminarily approved at August 19, 2021 GTC Meeting

AFY 2022 HB 80 - Governor's Recommendation	
Increase Funds to Reflect 2021 Super Speeder Collections & Fees	\$ 7,391,635.00
Increase Funds to Reflect Fireworks Excise Tax Revenue	\$ 1,144,171.00
TOTAL	\$ 8,535,806.00
<i>Variance from Proposal</i>	-

Committee and Trauma System Partner Report to the Georgia Trauma Network Care Commission

Name of Committee or Workgroup:	EMS Committee	
Project/Activity ¹	Comments	
1. Budget	We are in alignment with our budget projections.	
Status: On-going		Support GTC Strategic Priorities? (Y/N): Yes
2. Automatic Vehicle Location System	We have added both T-Mobile and Southern Link to our vendor list. T-Mobile has reached out to us and has offered to host a sub-committee meeting at their Innovation Center in Atlanta. We have scheduled a conference call with their healthcare staff to discuss our needs and how current technology might help us.	
Status: On-going		Support GTC Strategic Priorities? (Y/N): Yes
3. Learning Management System	There has been no movement on this process.	
Status: In Development		Support GTC Strategic Priorities? (Y/N): Yes
4. EMS Training	The classes have been scheduled and are on-going. We continue to get positive feedback from these classes. In the last FY our dollars provided 104,000 hours of inservice credit to the EMS Community The EMS Leadership Course has selected this year's class and will begin the training the first of March.	
Status: On-going		Support GTC Strategic Priorities? (Y/N): Yes
5. Online EMS training	We continue to look for a partner to provide this training	
Status: Under Consideration		Support GTC Strategic Priorities? (Y/N): Yes
6. Arbinger Training	No action since the last Commission meeting	
Status: New Course		Support GTC Strategic Priorities? (Y/N): Yes
7. Fiscal Accountability	We continue to monitor expenditures to ensure the contractors meet our deliverables.	
Status: On-going		Support GTC Strategic Priorities? (Y/N): Yes

Questions, Issues, and Recommendations Requiring Commission Discussion:	None
Motions for Consideration at the Commission Meeting:	None

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Committee Members:	Courtney Terwilliger, Vic Drawdy, Regina Medeiros, Marty Robinson, Chad Black, Pete Quinones, Sam Polk, Lee Oliver, Blake Thompson, Duane Montgomery, David Edwards, Huey Atkins
Chair/Commission Liaison:	Courtney Terwilliger
Date of Next Committee Meeting:	

Subcommittee and Workgroup Report to the Georgia Trauma Network Care Commission

Name of Subcommittee or Workgroup:	Level III/ Level IV Rural Trauma Center Workgroup
Project/Activity ¹	Comments
1. Cost of care - defining readiness costs for LIII/LIV (including trauma center start up costs to drive grant process)	Surveys are complete, issues identified, data reviewed with Dr. Ashley, report out at Barnesley meeting
Status: In progress	Support GTC Strategic Priorities? (Y/N): YES
2. ACS Consult Process – a. Level IV – Alternative, external consult process	Centers notified and dates confirmed October 2022, will be performed by the Pennsylvania Trauma Systems Foundation.
Status: In progress	Support GTC Strategic Priorities? (Y/N):
3. Grants (capital equipment & rural education)	Feb 1 – 2, Lake Blackshear education initial meeting to discuss multi-disciplinary trauma resuscitation education
Status: In progress	Support GTC Strategic Priorities? (Y/N):
4. Access to specialty care e.g., re-implantation, ECMO	Re-engage with TMD and Administrative group on this process
Status: Open	Support GTC Strategic Priorities? (Y/N):
5. IRB for Rural centers	Tabled
Status: Open	Support GTC Strategic Priorities? (Y/N):
6. Web-based Registry & contracted abstraction services	Nothing to report
Status: Open	Support GTC Strategic Priorities? (Y/N):
7. PI project specific to LIII/LIV: (1) Hip fx care (2) Geriatric care	Tabled
Status: Open	Support GTC Strategic Priorities? (Y/N):

Questions, Issues, and Recommendations Requiring Commission Discussion:	N/A
Motions for Consideration at the Commission Meeting:	N/A

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Committee Members:	
Chair/Commission Liaison:	
Date of Next Committee Meeting:	To be determined at the Barnesley meeting

Committee and Trauma System Partner Report to the Georgia Trauma Network Care Commission

Name of Committee or Workgroup:	Georgia Committee for Trauma Excellence (GCTE)	
Project/Activity ¹	Comments	
Injury Prevention Subcommittee	<ol style="list-style-type: none"> 1. Increase Trauma Awareness <ul style="list-style-type: none"> • Each of the IP and Outreach Subcommittee Task Forces (Special Events, Falls, Traffic Injury and Intentional Injury) and will produce at least ONE webinar during calendar year 2022. 2. Stop the Bleed –Winter Blitz <ul style="list-style-type: none"> • The Special Events Task Force just assisted with the Stop the Bleed Winter Blitz. Nearly 800 webinar participants. Planning is underway for Stop the Bleed Day (May 19th) Blitz. 3. Prevent Trauma –The Road Ahead <ul style="list-style-type: none"> • Traffic Injury Prevention Task Force to host a peer-led teen driving webinar scheduled for Thursday, March 24, 2022, at 7:00pm. 4. Prevent Trauma –Child Abuse Prevention <ul style="list-style-type: none"> • Intentional Injury Task Force to host a child abuse prevention webinar in April. 5. Bingocize and Falls Free Fridays <ul style="list-style-type: none"> • Falls Prevention Task Force has multiple Bingocize offerings underway. We will be assisting with the IPRCE/DPH Falls Free Friday webinars in September. <p>We welcome collaboration with other GCTE Subcommittees and all Trauma Centers for coming initiatives. Ie: Bingocize, The Road Ahead, Child Abuse Prevention Month, Trauma Awareness Month, Stop the Bleed Day, and Georgia Stay SAFE.</p>	
Status: In Progress	Support GTC Strategic Priorities? (Y/N): Y	
Education Subcommittee	<ol style="list-style-type: none"> 1. Develop PPT on improving time to definitive care <ul style="list-style-type: none"> • Subcommittee members have requested which goal they want to work on. Many members of the education subcommittee want to work on this project. 2. Develop PPT on acute kidney injury <ul style="list-style-type: none"> • Subcommittee members have requested which goal they want to work on. Encouraging members of the education subcommittee to work on this project. 3. Utilizing State Funding for Education <ul style="list-style-type: none"> • The state had education funding left over from the previous FY. They have asked the education subcommittee to help fund educational offerings. We are working to develop a process for people to request funds to support education across the state. 	
Status: In Progress	Support GTC Strategic Priorities? (Y/N): Y	

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Pediatric Subcommittee	<ol style="list-style-type: none"> Pediatric Radiology Imaging <ul style="list-style-type: none"> Rad Project will be ready for publishing by 3rd quarter 2022. 2022 state Radiology conference agenda to present the Rad project SIPA <ul style="list-style-type: none"> SIPA data being collected at SR to determine the viability of a state project
Status: In Progress	
Support GTC Strategic Priorities? (Y/N): Y	
Registry	<ol style="list-style-type: none"> Identify data fields required to meet initiative Clarify / standardize definitions of identified data fields Develop standardize reports for center to analyze data: <ol style="list-style-type: none"> Lev 1-2 centers: review transfer in patients Lev 3-4 centers: review transfer out patients Collaborate with PI Committee on data needs related to initiatives with later start date.
Status: In Progress	
Support GTC Strategic Priorities? (Y/N):Y	
Process Improvement	<ol style="list-style-type: none"> Plan to present best practices and/or case studies to support in Summer/Fall meeting 2022 as a presentation in 2 parts and monitor as PI Process. (these can be posted/shared as well) Improving transfer out times and care. (3/4) Improving the transfer in Evaluate ongoing effectiveness and utilization based on registry results (this will roll to end of 2022 and into 2023) Collaborate with Registry Committee to move forward in the same manner (goal & plan) as Time to Definitive care but with a later start date.
Status: In Progress	
Support GTC Strategic Priorities? (Y/N):Y	

Questions, Issues, and Recommendations Requiring Commission Discussion:	
Motions for Consideration at the Commission Meeting:	
Committee Members:	<p>GCTE Board: GCTE Board: Chair, Jesse Gibson, Vice-Chair, Tracy Johns, Past Chair, Karen Hill and GTC member, Dr. Regina Medeiros</p> <p>GCTE Subcommittee Chairs: Registry, Kelli Vaughn, PI, John Pope, Pediatrics, Kellie Rowker, Education, Jessica Mantooth, Injury Prevention, Kristal Smith</p>
Chair/Commission Liaison:	Jesse Gibson
Date of Next Committee Meeting:	TBD

Committee and Trauma System Partner Report to the Georgia Trauma Network Care Commission

Name of Committee or Workgroup:	Trauma Admin Committee	
Project/Activity ¹	Comments	
1. Develop Charter and Purpose for the group	Clearly define the goals, objectives and expected outcomes as they align to the needs of the GTC with a focus on quality, access and finance	
Status: In progress		Support GTC Strategic Priorities? (Y/N): Y
2. Meeting cadence	2022 scheduling– 2 in person, 2 virtual Finance workshop in March 2022 – will confirm future meeting dates/times	
Status: In progress		Support GTC Strategic Priorities? (Y/N): Y
3. Co- chair development	Co-chairs L2,3,4 decisions	
Status: TBD		Support GTC Strategic Priorities? (Y/N): Y

Questions, Issues, and Recommendations Requiring Commission Discussion:	GTC focus and priorities
Motions for Consideration at the Commission Meeting:	None at this time
Committee Members:	Senior Leaders- each trauma center
Chair/Commission Liaison:	Michelle Wallace
Date of Next Committee Meeting:	March 1,2022 Spring Meeting – future TBD

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Committee and Trauma System Partner Report to the Georgia Trauma Network Care Commission

Name of Committee or Workgroup:	Trauma System Performance	
Project/Activity ¹	Comments	
1. ED LOS for high yield patients	Challenges with record reviews, OEMST central site migration to Image Trend currently in process.	
Status:		Support GTC Strategic Priorities? (Y/N): Y
2. FY 2022 Data pull	<p>After a number of data extraction refinements over the last 15 month, we have successfully identified the parameters to measure time to definitive care.</p> <p><u>From the most recent quarter reviewed (Apr, May, Jun 2021),</u> 76% of records for patients who go directly from scene to definitive care (no referring facility in between) can be analyzed: Avg (all) = 55 min; ISS \leq 15 = 56 minutes; ISS > 15 = 50 minutes</p> <p>16% of records for patients transported from scene to referring facility (H1) to definitive care (H2), only 16% of records can be analyzed: Avg (all ISS) 5 hrs 51 min; ISS \leq 15 6 hrs 14 mins; ISS > 15 = 5 hrs 9 mins</p>	
Status:		Support GTC Strategic Priorities? (Y/N): Y
3. EMS Scene time threshold audit filter	Reccommendation from GCTE	
Status:		Support GTC Strategic Priorities? (Y/N): Y
4. Region 10 armband pilot project	Ongoing costs associated with armbands is likely precludes this as a long term solution unless a funding source is identified.	
Status:		Support GTC Strategic Priorities? (Y/N): Y
Questions, Issues, and Recommendations Requiring Commission Discussion:		

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Motions for Consideration at the Commission Meeting:	None
Committee Members:	Marie Probst, Renee Morgan, Tracy Johns, Kelli Vaugh, Courtney Terwilliger, Danlin Luo, David Newton
Chair/Commission Liaison:	Dr. James Dunne
Date of Next Committee Meeting:	April 4, 2022

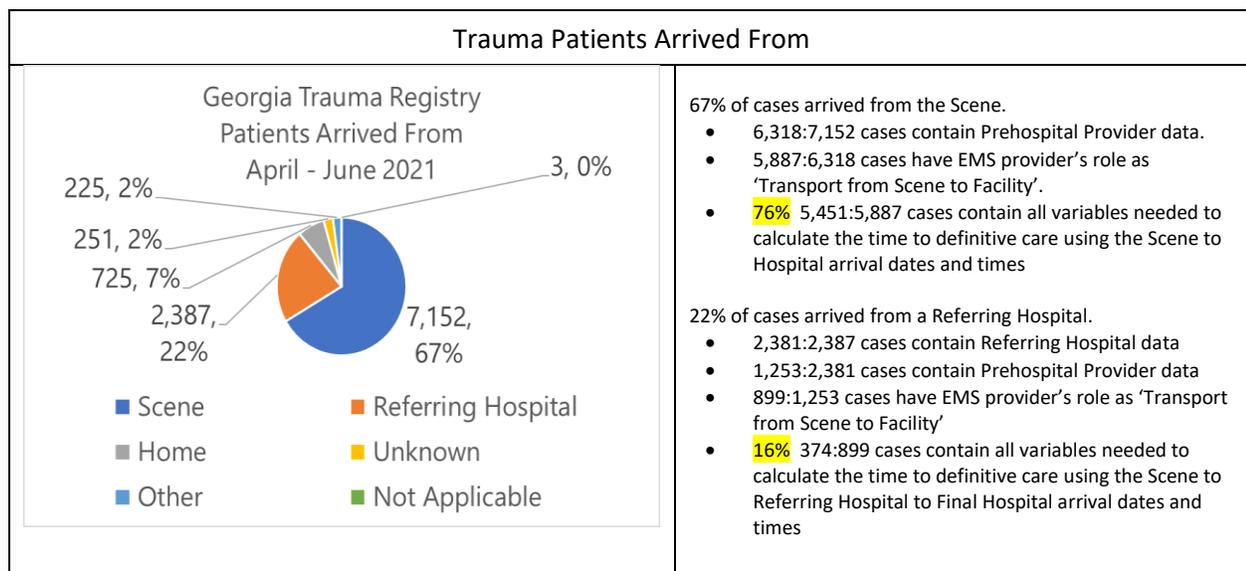
Time to Definitive Care Analysis

OEMST and GQIP Collaborative

Georgia Department of Public Health / Division of Health Protection
 Office Emergency Medical Services and Trauma
 Georgia Trauma Registry / Time to Definitive Care Analysis Summary
 Date Range: April 1, 2021 – June 30, 2021, (N=10,763 records)

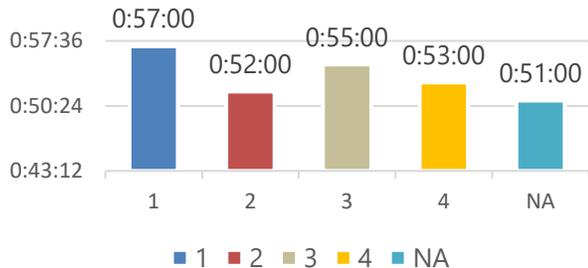
The Office of EMS/Trauma and the Georgia Quality Improvement Program partnered to evaluate the quarterly Georgia Trauma Registry central site data to determine a conclusive Time to Definitive Care for statewide trauma patients. We evaluated outlier cases to understand why the time to definitive care was so long. As the data analysis evolved, we found incomplete data in critical fields required to calculate the time to definitive care. We expanded our work group by involving the Georgia Committee for Trauma Excellence (GCTE) Registry Subcommittee leadership to help us educate the data collectors about the importance of quality data and provide the centers with a report writer tool to validate their data monthly before downloading data to the central site. The project meets the quality assurance and performance improvement expectations for the state trauma program.

The tables below describe where trauma patients were transported from before arriving at one of the designated trauma centers in Georgia. The median time for non-transferred patients to definitive care is less than one hour. The median time for patients transferred from one hospital to the final destination hospital is between 5 and 6 hours. The median times provide a baseline that we predict will improve with more valid data and data that is not affected by the constraints caused by the pandemic.



Scene to Hospital (Definitive Care)

Georgia Trauma Registry
EMS Dispatch Time to Hospital Arrival for
Non-Transfers
Median Time by Designation Level
(H:MM:SS) April - June 2021



Median Time: 0:55 (H:M) for all level centers
(Within the Golden Hour)

Data Completion Rate: 5,451/7,152 = 76%

Missing registry data in one or more fields:

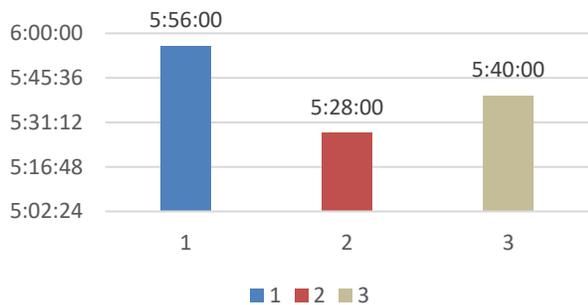
- EMS Provider Role = Transport from Scene to Facility
- EMS Dispatch Date, EMS Dispatch Time,
- EMS Scene Arrival Date, EMS Scene Arrival Time,
- EMS Scene Departure Date, EMS Scene Departure Time
- Hospital ED Arrival Date, ED Arrival Time

Data Collection Solutions:

- Use the Hospital HUB to find missing EMS report
- Hospitals report missing EMS PCRs to RTAC
- Hospital QA and PI cases to evaluate timely transport to the appropriate facility

Scene to Referring Hospital to Final Destination Hospital Arrival (Definitive Care)

Georgia Trauma Registry
EMS Dispatch to
Final Destination Hospital Arrival
Median Time by Designation Level
(H:MM:SS) April - June 2021



Median Time: 5:51(H:M) for all level centers

Data Completion Rate: 374/2,387= 16%

Missing registry data in one or more fields:

- EMS Provider Role = Transport from Scene to Facility
- Initial - EMS Dispatch Date, EMS Dispatch Time,
- EMS Scene Arrival Date, Initial EMS Scene Arrival Time, EMS Scene Departure Date, EMS Scene Departure Time
- Referring Hospital (RH) ID, RH Arrival Date, RH Arrival Time, RH Discharge Date, RH Discharge Time
- Final Hospital - ED Arrival Date, ED Arrival Time

Data Collection Solutions:

- OEMST require Referring Hospital data elements
- Referring hospitals and receiving hospitals share HUB access, medical records and EMS reports
- Both facilities QA and PI transfer Out and In cases
- Use the Hospital HUB to find missing EMS report
- Hospitals report missing EMS PCRs to RTAC

Variables Required for Calculating the Segments of the Time to Definitive Care in Patients Transferred from a Referring Hospital (April – June 2021 N=899 records)					
Variables Required for the Time Calculations	Time from EMS Dispatch to Scene Arrival	Time from EMS Scene Arrival to Scene Departure	Time from Scene Departure to Referring Hospital Arrival	Time from Referring Hospital Arrival to Final Destination Hospital ED Arrival	Time from EMS Dispatch to Final Destination Hospital ED Arrival
EMS Dispatch Date	X				X
EMS Dispatch Time	X				X
EMS Scene Arrival Date	X	X			
EMS Scene Arrival Time	X	X			
EMS Scene Departure Date		X	X		
EMS Scene Departure Time		X	X		
Referral Hospital Arrival Date			X	X	
Referral Hospital Arrival Time			X	X	
Final Destination Hospital ED Arrival Date				X	X
Final Destination Hospital ED Arrival Time				X	X
Records with valid marked variables	371	363	319	679	374
Percent of Records used in the Referring Hospital record count total 2387.	15.5%	15.2%	13.4%	28.4%	15.7%
Percent of Records missing at least one marked variable in the 899 records.	58.7%	59.6%	64.5%	24.5%	58.4%
Median Time HH:MM:SS	0:09:00	0:17:00	0:17:00	5:03:00	5:51:00

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Date of Report: Feb. 28, 2022, and March 3, 2022.

Georgia Trauma Program

OEMST and GQIP Collaboration

Georgia Committee for Trauma Excellence and Georgia Trauma Commission Meetings

David Newton, Director of Health Protection, OEMST Director/

Michael Johnson, Deputy Director for Systems of Care /

Renee Morgan, Trauma Program Director/ Marie Probst, State Trauma Registrar /

Danlin Luo, PhD., Trauma Epidemiologist / Gina Solomon, GTCNC Director of GQIP

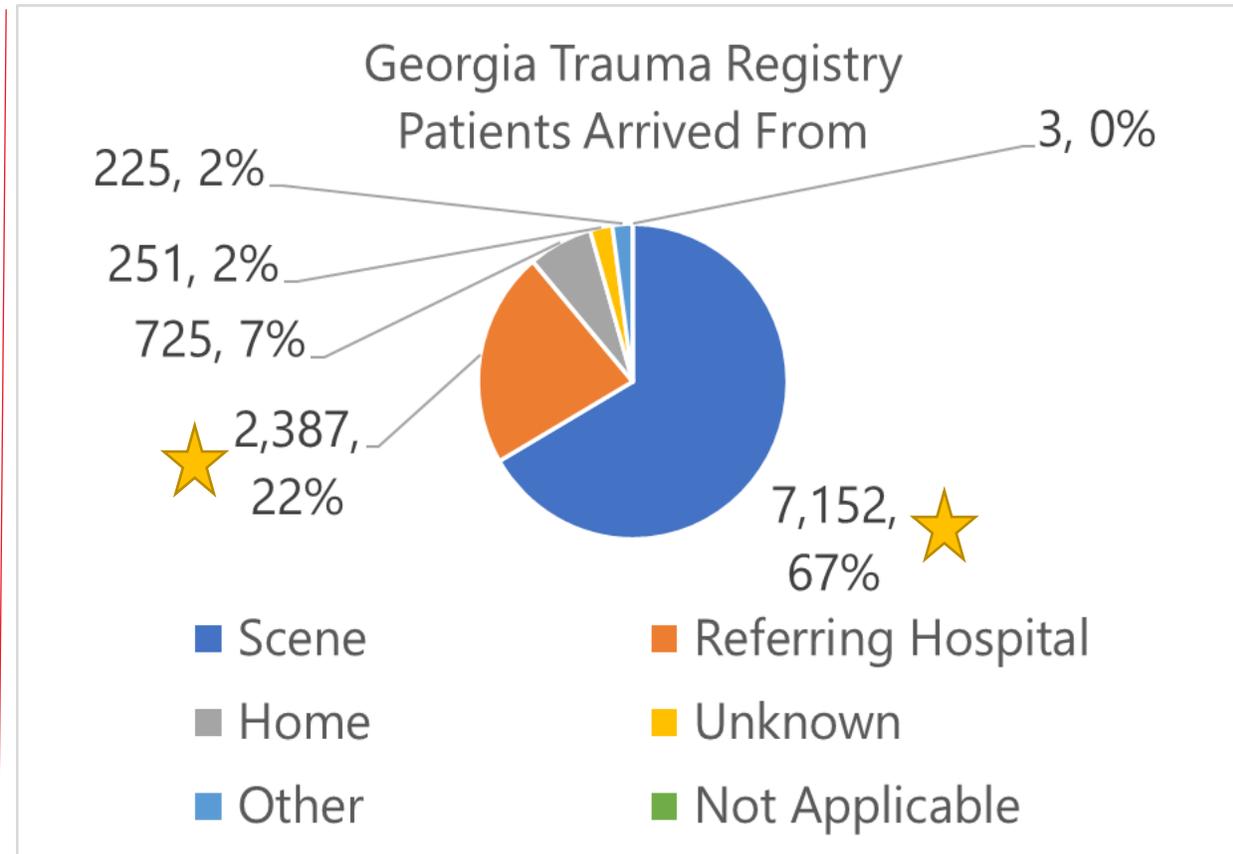
February 28, 2022 and March 2, 2022

Time to Definitive Care Study

Trauma Patients Arrived From Data

Georgia Trauma Registry, Apr-Jun 2021

- 67% of cases Arrived From 'Scene'.
 - **76%**, 5,451 : 7,152 cases contain all variables needed to calculate the time to definitive care using the Scene to Hospital arrival dates and times
- 22% of cases Arrived From 'Referring Hospital'.
 - **16%**, 374 : 2,387 cases contain all variables needed to calculate the time to definitive care using the Scene to Referring Hospital to Final Hospital arrival dates and times



Scene to Hospital Arrival – Non-transfer

Georgia Trauma Registry, Apr-Jun 2021

Median Time: 0:55 (H:M) for all level centers

Data Completion Rate: 5,451/7,152 = 76.2%

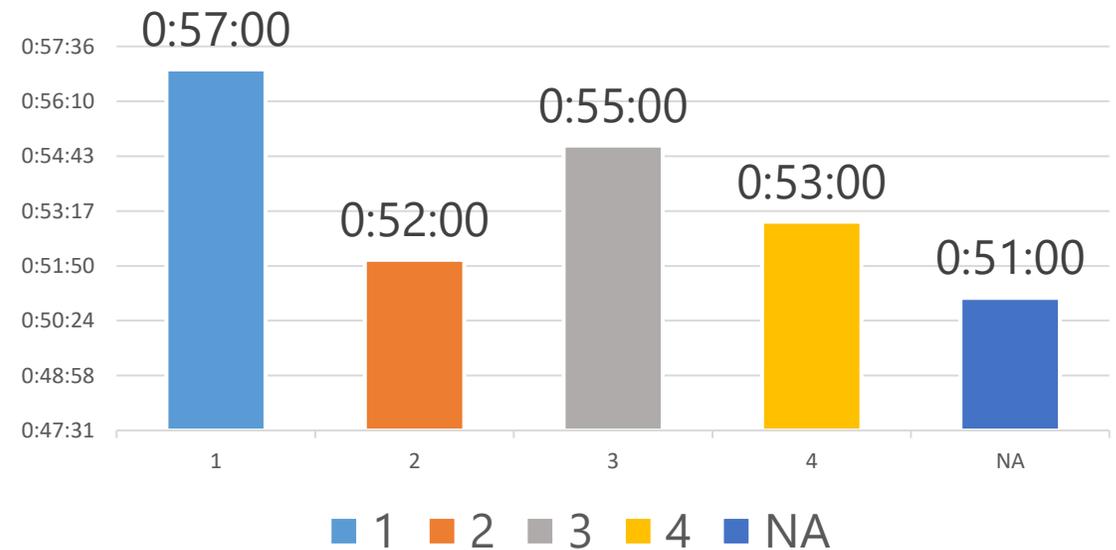
Missing registry data in one or more fields:

- EMS Provider Role = Transport from Scene to Facility
- EMS Report Dates and Times
- Hospital ED Arrival Date and Time

Data Collection Solutions:

- Use the Hospital HUB to find missing EMS report
- Hospitals report missing EMS PCRs to RTAC
- Hospital QA and PI cases to evaluate timely transport to the appropriate facility.

Georgia Trauma Registry
EMS Dispatch Time to Hospital Arrival
for Non-Transfers
Median Time by Designation Level
(H:MM:SS) April - June 2021



Scene to Referring Hospital to Final Hospital Arrival

Georgia Trauma Registry Apr – Jun 2021

Median Time: 5:51(H:M) for all level centers

Data Completion Rate: 374/2,387 = 16%

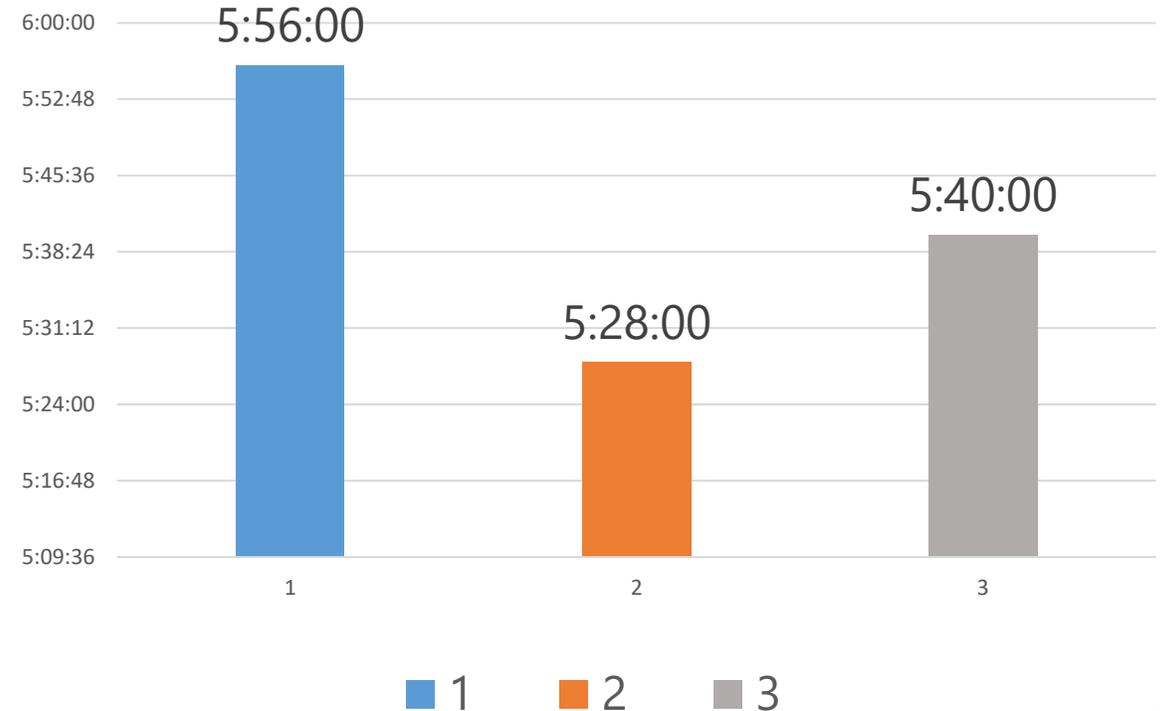
Missing registry data in one or more fields:

- EMS Provider Role = Transport from Scene to Facility
- Initial – EMS Report Dates and Times
- Referring Hospital (RH) ID, RH Arrival and Discharge Dates and Times
- Final Hospital - ED Arrival Date and Time

Data Collection Solutions:

- OEMST require Referring Hospital data elements
- Referring hospitals and receiving hospitals share HUB access, medical records, and EMS reports
- Both facilities QA and PI transfer Out and In cases
- Use the Hospital HUB to find missing EMS report
- Hospitals report missing EMS PCRs to RTAC

Georgia Trauma Registry
EMS Dispatch to
Final Destination Hospital Arrival
Median Time by Designation Level (H:MM:SS)
April - June 2021



Questions

David Newton

Director of Health Protection and
Director of OEMST

david.newton@dph.ga.gov

Michael Johnson

Deputy Director for Systems of Care, OEMST

michael.johnson@dph.ga.gov

Renee Morgan

Director, Georgia Trauma Program, OEMST
(404)569-3119

renee.morgan@dph.ga.gov

Marie Probst

State Trauma Registrar, OEMST
(404)291-3130

marie.probst@dph.ga.gov

Danlin Luo, Ph.D.

Trauma Epidemiologist, DPH Epidemiology
(404)463-4060

danlin.luo@dph.ga.gov

Gina Solomon

Georgia Trauma Commission
Director of Georgia Quality Improvement Program
(762)887-1849

gina@gtcnc.org

Trauma System Partner Report to the Georgia Trauma Care Network Commission

Name of Partner:	Georgia Trauma Foundation	
Project/Activity¹	Comments	
1. Budget	The budget is in its final stages. A full, detailed request will be submitted to the budget subcommittee for its consideration at the March 9 th meeting.	
Status: Ongoing		Support GTC Strategic Priorities? (Y/N): Y
2. Board Expansion	Board Expansion is strategic and will prioritize fundraising ability with additional consideration given to -- among other things -- diversity in skills and geography. A qualified pipeline of candidates is being created. The Foundation will welcome two new Directors at its April 2022 Annual Meeting.	
Status: Ongoing		Support GTC Strategic Priorities? (Y/N): Y
3. Mission Fulfillment	Historically, Foundation activities have centered around education. It will take this experience and build on it while bringing to the forefront the purpose for which it was created: to provide philanthropic support to the state's trauma system.	
Status: Ongoing		Support GTC Strategic Priorities? (Y/N): Y

Questions, Issues, and Recommendations Requiring Commission Discussion:	None
Motions for Consideration at the Commission Meeting:	None
Commission Liaison:	John Bleacher
Date of Next Foundation Meeting:	March 14, 2022

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Committee and Trauma System Partner Report to the Georgia Trauma Network Care Commission

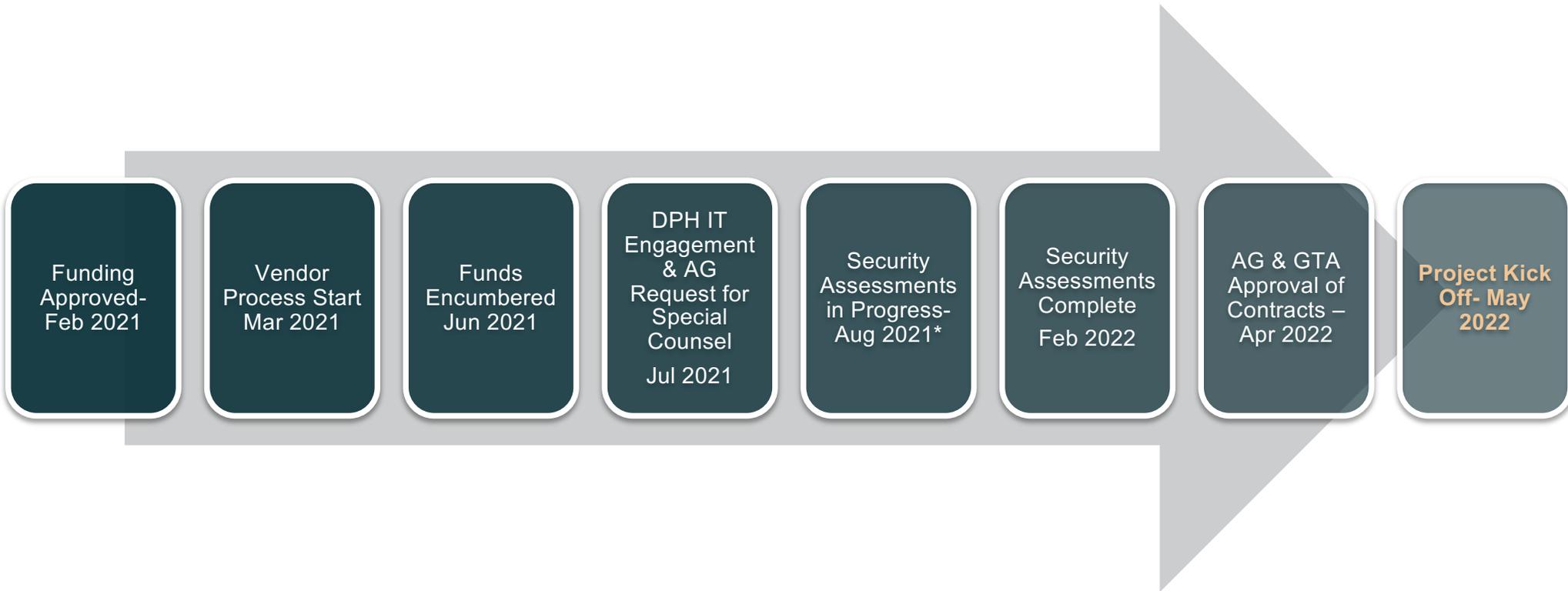
Name of Committee or Workgroup:	GQIP
Project/Activity ¹	Comments
1. AKI, TBI & Opioid Workgroups	AKI: Work continues on creating state AKI guideline. Practice survey in progress. TBI: Working on creating reports for additional data pull. Continue work on pulling together list of TBI inpatient rehab centers. Opioid: Strong draft of multimodal pain management guideline completed. To be presented to collaborative at Winter Meeting.
Status: In Progress	
Support GTC Strategic Priorities? (Y/N): Y	
2. Benchmarking Platform & Data Central Site	Delay occurred with security assessment due to required NDA for central site but has been resolved and is now progressing forward. Commercial contract team in progress of reviewing benchmarking platform contract with hope of approval soon.
Status: In progress	
Support GTC Strategic Priorities? (Y/N): Y	
3. Peer Protection & Data Use Policies	Meetings continue with the special counsel and AG office.
Status: In Progress	
Support GTC Strategic Priorities? (Y/N): Y	
4. GQIP Trauma Advisory Committee	Created committee to assist with guidance for state wide PI initiatives. Completed two zoom meetings and planned in person meeting 3/2.
Status: In Progress	
Support GTC Strategic Priorities? (Y/N): Y	
Questions, Issues, and Recommendations Requiring Commission Discussion:	None
Motions for Consideration at the Commission Meeting:	None
Committee Members:	Dr. R. Todd, Dr. J. Sharma, G. Solomon, Trauma Center Program Staff
Chair/Commission Liaison:	Dr. Todd & G. Solomon
Date of Next Committee Meeting:	

¹ Wherever possible the topic/task should be related to GTCNC Strategic Plan or activities of the GTCNC as defined by O.C.G.A. § 31-11-100, § 31-11-101, § 31-11-102 and § 31-11-103.

Updated ArborMetrix Project Timeline



GEORGIA
QUALITY
IMPROVEMENT
PROGRAM



Georgia Office of EMS and Trauma Report to Trauma Commission – March 2, 2022

Trauma Program	
Significant Events (Previous or Upcoming):	<ul style="list-style-type: none"> • Doctors Hospital Re-verification visit held on 2/2/ & 2/3/2022. Final report pending • Hamilton & Crisp have Level III ACS consults on 2/24 & 2/25/2022 • Armbands have arrived. Working on implementation process. • Emergency Rule for 120 days allowing Reinstatement of licenses from Medics that Lapsed-Failed to Renew (2019,2020,2021) and Temporary Compact licenses for Medics coming from a member state of the Compact to assist with workforce issues.
Successes for the Entity/Program/Region:	<ul style="list-style-type: none"> • Two Level IV facilities in Region 4 have reached their registry requirement and completed their application. Date pending selection of site team. • Level IV in Region 8 will have PRQ completed by 3/1/2022. Site visit date TBD • Continue to prepare for web-based trauma registry that will be of no cost to users. Two facilities that were selected as pilots are doing well.
Challenges for the Entity/Program/Region:	<ul style="list-style-type: none"> • Scheduling of site visits continue to be a challenge. ED Physicians, trauma surgeons and trauma coordinators are needed for site reviewers. Need to be from a designated/verified Trauma Center. If interested contact Renee Morgan renee.morgan@dph.ga.gov • Bed and staffing issues continue due to COVID.
Name of Person Submitting Report:	David Newton, Kelly Joiner, Renee Morgan, Trauma Program Director

Quarter: 2

Date: 1/19/2022

EMS Region	I
RTAC Chair	John Pope
RTAC Coordinator	Scott Lewis

Date last BIS Assessment completed: January 2017

Date last Trauma Plan completed: November 2015

Projects:

Start Date	Status (Date if Completed)	Description and Report
Ongoing since 2017	Continuous with no end date	Hospital's capabilities document (BIS 207.2) Is up-to-date
March 3 th , 2022	<i>Scheduled</i>	<i>BIS Re-Assessment is scheduled January 13th, meeting was held and was unable to finish the assessment and it has been rescheduled.</i>
Ongoing till finished	<i>Limited movement</i>	<i>Stop the Bleed The Cherokee county school Buses is around 50% complete.</i>
July 6 th , 2021	<i>Continuous</i>	<i>Pediatric Injury data project</i>
Ongoing since 2017	<i>Continuous</i>	<i>Adult Trauma Registry Data</i>
October 21 st , 2021	<i>Ongoing till finished</i>	<i>Deep dive into the Stop the bleed numbers to fill in data that is missing from the spreadsheet.</i>

Regional Summary:

- | |
|---|
| <ul style="list-style-type: none"> The January 27th, meeting has been cancelled. The Region is still very short staffed and a lot of key stakeholders are being repurposed to help with surge and other Covid related issues. |
|---|

Subcommittee and Workgroup Report to the Georgia Trauma Network Care Commission

Name of Subcommittee or Workgroup:	Region 2 RTAC	
Project/Activity ¹	Comments	
1. Pre-hospital Blood Pilot Project	<p>The pre-hospital blood pilot project is going well with 63 initiations of product with no adverse events. The current blood shortage has not impacted the pilot.</p> <p>The pilot project group continues to work with GEMSMDAC and the Drugs and Devices subcommittee to determine next steps. We are awaiting direction from that team at this point.</p>	
Status: In progress		Support GTC Strategic Priorities? (Y/N): Y
2. Annual Trauma Symposium	<p>The 6th annual Northeast Georgia Trauma Symposium post recording is available on the website until Feb 28th.</p> <p>The 7th annual Northeast Georgia Trauma Symposium will take place on Friday, October 28th, 2022 at Lanier Technical College Ramsey Conference Center. The event will be a hybrid event offering attendees the opportunity to attend in-person or virtually. The in-person capacity will be determined by current COVID status and recommendations.</p>	
Status: Complete		Support GTC Strategic Priorities? (Y/N): Y
3. Pre-hospital Ultrasound Project	<p>The pre-hospital ultrasound project is in its infancy. The RTAC purchased 13 Butterfly IQ handheld ultrasound devices. 6 agencies have completed the application process. Education will consist of education modules via the LMS and hands on training. The program is being implemented to assist with decision making regarding needle decompression and also to assist with location of insertion, if indicated.</p>	
Status: In Progress		Support GTC Strategic Priorities? (Y/N): Y
4.		
Status:		Support GTC Strategic Priorities? (Y/N):

Questions, Issues, and Recommendations Requiring Commission Discussion:	None
Motions for Consideration at the Commission Meeting:	None

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Committee Members:	Chair: To be appointed, Vice-Chair: Jesse Gibson, RTAC Coordinator/ Secretary: Jackie Payne, Treasurer: Lisa Farmer
Chair/Commission Liaison:	Chair: To be appointed, Commission Liaison: Liz Atkins
Date of Next Committee Meeting:	April 15 th , 2022

Date: 02/01/2022

EMS Region	3
RTAC Chair	Elizabeth R. Benjamin MD PhD
RTAC Coordinator	Mark Peters

Date last BIS Assessment completed: 01/2016

Date last Trauma Plan completed: 08/2016

Projects:

Start Date	Status (Date if Completed)	Description and Report
11/12/2021	In progress	Adolescent Trauma Database
11/12/2021	In progress	EMS Timeout Education
11/22/2021	In progress	Region 3 Newsletter
12/14/2021	In progress	Injury Prevention Survey

Regional Summary:

The Region 3 RTAC Executive Board

- Chair - Elizabeth R. Benjamin MD PhD Trauma Medical Director, Grady Memorial Hospital
- Vice Chair - Alexis Smith MD Trauma Medical Director, Children's Healthcare of Atlanta-Scottish Rite
- Secretary - Erin Moorcones RN Trauma Educator, Grady Memorial Hospital

The RTAC executive board is working to evaluate the opportunities within the region specifically regarding basic educational opportunities, process improvement, and/or regional guideline opportunities. In doing so, we have started the following initiatives:

- 30 for 30: New initiative (multi-institutional) to standardize the "EMS Timeout" for the Region. Concept is that the 30 min of care in the field is distilled into 30 seconds in the bay. During this time, the hospital team is silent to allow effective signout. MIST format used. Training shared with or sessions completed with: Grady EMS, AMR Dekalb & Fulton, Henry County, Coweta County, Gwinnett County, Clayton County, Atlanta Fire, as well as EMROC, Grady EMS Academy, Gwinnet Paramedic Academy, AMC, Kennestone, and Grady. Project ongoing with PI audit starting Jan 2022.
- Adolescent database: building database of adolescent trauma patients to inform care practices in the city of Atlanta. Contributing centers include CHOA Scottish Rite, CHOA Egleston, Grady, Wellstar AMC.
- Goal website development: exploring options for region website.
- Newsletter: objective is to disseminate timely regional education and activities; information gathering phase.
- The RTAC is working on a survey for the Region's trauma centers and EMS agencies to share best practices on injury prevention education/outreach; information gathering phase.

Quarter: 4th Quarter

Date: 01/05/2022

EMS Region	4
RTAC Chair	James Polk
RTAC Coordinator	Stephanie Jordan

Date last BIS Assessment completed: 12/2020 (revisions awaiting preliminary approval from Region 4 EMS Council)

Date last Trauma Plan completed: 01/2018

Projects:

Start Date	Status (Date if Completed)	Description and Report
11/2020	01/2021	Revised BIS Assessment that was previously completed and sent for approval to Region 4 RTAC Committee for review/approval. Current revision awaiting approval.
08/2021	In Progress	Coweta County Schools – Introduced Stop the Bleed to High School Health classes. 154 students taught in the 1 st semester, at Northgate High School. Four additional school systems have committed to incorporating training into their schedule, for High School students.
12/2020	In Progress	<p>Determine Outcomes of Trauma Patients in Region 4. COVID-19 has delayed this project, as well as identifying additional needed information.</p> <p>This includes: Time of Injury/Incident, 911 Activation, Response Time to Patient, Response Delay Factors, Time to Access Patient (extrication), Time on Scene, Treatment on Scene, Treatment Enroute to Hospital, Time to Hospital, Diagnosis/Findings, Trauma Activation, Transport Facility.</p> <p>Additionally, this includes related information when transporting patient to Closest Facility vs. Designated Trauma Center and transporting the patient via Helicopter; Length of Time at Closest Facility, Diagnostics/Treatment while at Closest Facility, Diagnosis/Findings, Number of Designated Trauma Centers contacted for Patient Acceptance, Mode of Transfer (ground or air), Time of Transfer to ground or air ambulance, Transport Time to Designated Trauma Center, Diagnosis/Findings, Diagnostics/Treatment, Outcome of Patient (OR, ICU [Neuro, etc], Floor Admission, Discharge to Rehab Facility, Expired in ED/OR/ICU/Floor.</p>

Current Needs:

Nothing at this time.

Regional Summary:

Stop the Bleed is being taught during Health class, to High School students. One school system has incorporated it into their curriculum. Four additional school systems committed to incorporation. Goal is to introduce Stop the Bleed to the remaining Region 4 school systems.

BIS Assessment revisions are complete. Awaiting Region 4 EMS Council preliminary approval.

Current PI to evaluate responses and outcome of patients, the initial destination, and look for potential future training and/or cooperation with future grants. COVID-19 has both delayed information, and identified new data.

Quarter: FY 22, Q2

Date: 01/19/22

EMS Region	5
RTAC Chair	Todd Dixon
RTAC Coordinator	Kristal Smith (RTAC Secretary, Project Coordinator)

Date last BIS Assessment completed: 2011

Date last Trauma Plan completed: 2016

Projects:

Start Date	Status (Date if Completed)	Description and Report
Dec 2016	Ongoing	Stop the Bleed programming continues for all audiences. I.e. Schools, Churches, Law Enforcement, Universities, Community Groups, etc. Hosted: Save-A-Life Sunday, Sessions on November 7th; and Stop the Bleed Winter Blitz, January 3rd through January 6th. We collected 793 post-course surveys during the Winter Blitz.
Jan 2019	Ongoing	RTAC PI committee is working with Regional EMS for Children and Education Committee to plan January 2022 Pediatric Trauma Symposium.
June 2020	Ongoing	RTAC Sponsored Q Word Podcasts (RTAC Support Funds) - The RTAC has sponsored seven episodes released to date. 11,534 episode downloads as of 10/30/21: <ul style="list-style-type: none"> • The Pregnant Trauma Patient – 1,730 • The Pediatric Trauma Patient – 1,756 • The Bariatrics Trauma Patient – 1,606 • The Geriatric Trauma Patient – 2,149 • Neurodivergent Trauma Part 1 – 2,148 • Neurodivergent Trauma Part 2 – 2,145 • Supraglottic Airway Release 10/19 - 950 Three additional episodes are complete and under review.
August 2020	Ongoing	R5TRAUMA Virtual Classroom continues to host regional and state-wide injury prevention and outreach programs. Offerings to date include: Stop the Bleed, Safe@Home, Bingocize, and The Road Ahead.

Regional Summary:

Region 5 RTAC continues to support local, regional, and state trauma prevention, outreach, education, and performance improvement initiatives. The RTAC Committee and Subcommittees continue to meet regularly. In addition, the RTAC Executive Committee is working on updating the regional trauma plan. Updated Trauma Plan will be presented to the Region 5 EMS Advisory Council at the March 2022 meeting.

Coming Meetings/Important Dates:

- R5 Pediatric Trauma Symposium – 1/24 - 1/28
- GTCNC/GEMSA Trauma Skills Lab – 2/25
- TECC/TECC LEO – 2/25-2/26
- TECC/TECC LEO/RTF Courses 03/24-3/25

Quarter: 2

Date: 01/19/2022

EMS Region	Region 6
RTAC Chair	Nicky Drake
RTAC Coordinator	Farrah Parker

Date last BIS Assessment completed: 2011 updated plan to be presented next RTAC meeting for review

Date last Trauma Plan completed: July 2011

Projects:

Start Date	Status (Date if Completed)	Description and Report
09/01	Completed 1/5/2022	Stop the bleed training at Fort Gordon. Working with Artemio Bayna to coordinate training for his organization.
08/01	In Progress	Working with RTAC Chairman Nicky Drake and John Graham on RTAC membership. During meeting it was decided that we would like to open membership to additional people and notify those listed as committee members who have not been active in the last 4 meetings. Nicky Drake to notify members in writing. Membership will be discussed in the January meeting.
08/01	In Progress	Schedule remaining TECC classes for Region 6. Classes to be held in Burke, Columbia, Richmond and McDuffie County. Would like classes completed by March 1, 2022.
08/01	In Progress	Work Group for 2022 Symposium established. Volunteers from both Trauma Hospitals in region to help with coordination.
07/01	In Progress	Region 6 to reach out to local grocery store chain to do some community Stop the Bleed training. With 3 national headlines of mass shooting in local groceries stores would like to do some education for employees. In the event of a shooting employees will be able to provide stop the bleed measures until first responders can enter the building.
01/01	In Progress	Farm Extrication classes contracted with GEMSA. Farm Extrication class will be held February 19th-20th in Emanuel County. Locations have been confirmed for class and hands on instruction

Regional Summary:

Region 6 RTAC and Chairman is working with EMS Council to open RTAC membership. Chairman Nicky Drake would like to open membership to those who want to participate and attend meetings regularly. This will allow us to continue our educational efforts across our 13 counties.

The next RTAC Meeting will be February 3, 2022 at the Department of Public Health, 1916 North Leg Road, Augusta, GA 30909 at 11am

The next Region 6 council meeting will be in the same location at 1pm.

Quarter: 2nd Quarter FY2022

Date: January 19, 2022

EMS Region	7
RTAC Chair	Duane Montgomery
RTAC Coordinator	Brian Dorriety

Date last BIS Assessment completed: March 2020, we will be revisiting the BIS Assessment this spring.

Date last Trauma Plan completed: October 18, 2021-Revised, several new directors and stake holders.

Projects:

Start Date	Status (Date if Completed)	Description and Report
9-19-19	October 1, 2021	Region 7 is 100% completed with STB training from initially taking over as RTAC 7 Coordinator. We had a few attendees join the STB Blitz. I still receive calls from the school boards in our region about training new staff members and I will continue to train them as the occasion rises.
06-01-21	In Progress	Our injury prevention committee is working diligently with Cure Violence of Columbus, trying to educate to the younger population about Gang Violence and the shooting increase that we have in our region. The committee has agreed to use the Cardiff Model as a tool.
01-01-21	In Progress	Trauma Data Collection is completed through December 2021.
05-01-21	10-15-21	Fall Prevention pamphlets and posters for hospital and EMS Agencies

Current Needs:

Our regional directors are asking for Regional Trauma Equipment Grant Funds, if they are available for FY22.

Regional Summary:

- 01.** As of today, we have distributed 1044 Stop the bleed Kits to our Schools in Region 7 and 487 kits to buses in Region 7.
- 02.** Last RTAC meeting on October 27, 2021. Our next meeting is January 27, 2022 via Zoom. Invitation will be sent out.

- 03.** RTAC 7 is hosting our 3rd annual Trauma Skills Lab January 28, 2022. Registration is filling up fast.
- 04.** The citizens in our region have expressed their appreciation to seeing our region distributing “FALL PREVENTION” pamphlets throughout the communities. The personal care facilities have seen a difference in their fall patient numbers decreasing. Their numbers have decreased by 5-10 patients per month.
- 05.** WE are showing that 80% of patient care reports (PCR’s) are being submitted within a 48-hour time span. The other 20% either weeks later or not at all. This effects our Trauma Data Collection. We will continue to encourage our EMS agencies to improve with this matter.
- 06.** Our injury prevention committee along with local law enforcement officers will begin motor vehicle and occupant safety survey poll this spring. We will be looking at seat belt usage and proper car seat usage. RTAC 7 was able to donate 16 car seats/booster seats to our regional trauma center for use when a child’s seat is destroyed in an MVC.
- 07.** Our Injury prevention committee wrote a grant for Life Vest to be placed at several Life Vest Loaner Stations around lakes and rivers in our region for the spring and summer. Last year we had 3 stations in place with approximately 12 vest per station. The goal is to have loaner life vest at the stations for people who cannot afford to buy one or maybe they just forgot theirs. This year we are trying increase the number of stations. We want everyone that is going out on the water to have no excuses for not having a vest. We also had a Life Jacket giveaway, with a partnership through Academy Sports and were able to give away over 200 life vests to kids 17 years of age and younger.

Quarter: 2

Date: 1/18/2022

Region: 8 Chair: 8- David Edwards **RTAC Coordinator:** Stephanie Gendron

Date last BIS Assessment completed: January 2018

Date last Trauma Plan completed: January 2018

Projects:

Start Date	Status (Date if Completed)	Description and Report
5/2018	Transportation STB- Complete 7/29/19 8-Halted	Region 8 began entering school systems again slowly due to delays with COVID. We plan to host a STB virtual Blitz as drivers return in January.
7/2021	EMS workforce study	Workforce study – Results planned for Q3
1/2022	EMS Data Sharing	Sharing LOS, Overtriage, Mortality, Time on scene, PCR completion % with EMS Council;
1/2022	TECC Classes	<ul style="list-style-type: none"> • Lowndes County, Valdosta, GA – February 19-20, 2022 • Tift County, Tifton, GA - March 19-20, 2022 • Dougherty County, Albany, GA – August 26-27, 2022 • Lowndes County, Valdosta, GA – September 3-4, 2022 • Tift County, Tifton, GA - October 1-2, 2022
1/2022	STB for Police Departments	Training Police and Fire Departments- Receiving funding through Healthcare coalitions

Current Needs:

- Additional STB Training materials- To be received on 1/31/22

Regional Summary:

Region 8 has made progress with Stop the Bleed in the school systems and transportation agencies. The plan to resume training with the beginning of the school year in August of 2021 unfortunately was slowed down due to the COVID surge. The region plans to continue with the virtual blitz's and resume in-person skill checks when able.

Region 8 has also identified a need for a similar educational opportunity that Region 2 holds for their region. The region is very rural and many of the EMS agencies that are staffing the 911 services are unable to send staff overnight for training. This is an opportunity where a regional training grant may be utilized in the future.

The region is working on rolling out Stop the Bleed training to law enforcement and fire department's due to the increased stress on EMS. We have been successful in receiving funding from the healthcare coalitions to help provide specific law enforcement kits.

Quarter: 2

Date: 1/18/2021

Region: 9 Chair: 9-Dr. Gage; **RTAC Coordinator:** Stephanie Gendron

Date last BIS Assessment completed: January 2019

Date last Trauma Plan completed: Under review

Projects:

Start Date	Status (Date if Completed)	Description and Report
7/2017	Complete- 8/13/2018; Re-training school systems	Increasing number of school systems requesting refresher training- Utilizing Online Blitz's
9/2021	Pedestrian vs. MVC Injury Prevention Research-	Working with National DOT on revamped data Analysis
12/2018/ 1/2021	DART Program	Rollout of equipment planned at next EMS Council Meeting on 1/27/21
7/2021	EMS workforce study	Workforce study- Release in Q3
7/2021	Construction Zone Research	Collecting crash, EMS and registry data
8/2021	ATV Injury Prevention	Region 9 Injury Prevention project with Memorial Health- Funding helmets
10/2021	EMS Data Application	Creating EMS Training to move EMS data to community health and injury prevention programs- submitted to EMS Educators conference
09/2021	Teen Driving	Lutzie 43 Foundation injury prevention
1/2022	TECC classes	<ul style="list-style-type: none"> • Bryan County, GA – January 14-15, 2022 • Waycross GA, March 3-4-2022 • Appling, GA – April 22-23, 2022 • Bryan County, GA – June 11-12, 2022 • Appling, GA – November 18-19, 2022
2/2022	Burn Education	<ul style="list-style-type: none"> • February 16, 2022 in Brunswick, Ga • Thursday February 17, 2022 in Alma; Ga
2/2022	ACS Survey	<ul style="list-style-type: none"> • Memorial Health- Savannah

Current Needs:

- DART Completion and Distribution plan from EMS council –
- Additional STB Training materials- To be received on 1/31

Regional Summary:

Region 9 is still holding the DART equipment at Jekyll Island Fire Rescue. The subcommittee must identify remaining fiscal needs and establish a plan to complete the project and implement the program as the first round of funding received was well over four years ago.

Region 9 is collecting information regarding the workforce of the EMS community including educational background, attrition and multi-agency employment status. The Survey has been completed.

Region 9 has partnered with Region J and Region M healthcare coalitions to provide Tactical Stop the Bleed kits and training to law enforcement agencies across the region.

Quarter: 2rd

Date: 1/15/2022

EMS Region	10
RTAC Chair	Dr. Kurt Horst
RTAC Coordinator	Crystal Shelnett

Date last BIS Assessment completed: 10/31/2016

Date last Trauma Plan completed: 12/18/2018

Projects:

Start Date	Status (Date if Completed)	Description and Report
7/2018	In Progress	BUS Driver STB City of Jefferson is the only outstanding bus drivers for region 10. We are still attempting to schedule with that organizations.
2021	In Progress	Regional Trauma Courses Region 10 was awarded 2 TECC classes for 2022. Oglethorpe County and Barrow County have agreed to host each of those courses. Currently we are working to identify suitable classroom and MCI scenario locations. We have reached out to the local initial education programs and UGA college of public health to recruit potential actors for the scenario. Both groups have expressed interest in participating in the program.
2021	In Progress	Blood Products Pilot Project
2021	September 21	Quarterly RTAC Meeting Currently the meeting is scheduled to be inperson and hosted by Athens Technical College.